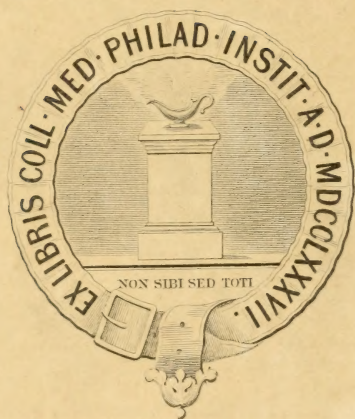




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Presented by
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THE



SOUTHERN CALIFORNIA PRACTITIONER

EDITORS :

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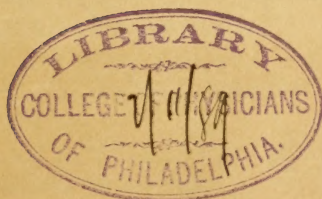
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THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. III. LOS ANGELES, CAL., JANUARY, 1888. No. 1.

ORIGINAL.

ANTIPYRIN AND ANTIFEBRIN.

BY ROSE TALBOTT, M. D.,

*Clinical Professor of the Diseases of Children at Medical Department
of University of Southern California.*

ANTIPYRIN, one of the latest additions to the list of antipyretics, is obtained by the reaction of acetic ether on aniline, or by oxidation of chinoline.

It is a white crystalline powder of bitter taste, soluble in water, but less soluble in alcohol, chloroform and ether. It was discovered by Dr. Knorr, of Erlangen, and fully investigated first by Filehne, in 1884.

Extraordinary claims were made for it as an antipyretic: accordingly the profession has used it extensively as such, but more recently it has also been employed as an analgesic and anodyne. It stimulates the nervous system, affecting the brain, medulla and spinal cord; convulsions may even ensue after prolonged use. Nausea and vomiting may follow its administration. Through action on vaso-motor center, it increases arterial tension, and kills by paralyzing the heart. Respiration is not affected. It produces a peculiar eruption of a few days' duration. Caffeine is its physiological antagonist. It is eliminated by the kidneys, and may be detected in the urine within three or four hours.

As the name, *antipyrin*, indicates, it was first used to reduce temperature. A desirable antipyretic should possess the following qualities:

First. It should be fairly quick in action, but not too rapid.

Second. It should be certain.

Third. Its effects should be of several hours' duration.

Fourth. Subsequent rise should be gradual.

Fifth. It should be devoid of untoward and dangerous effects.

VOL. III. A—I.

It was first claimed that antipyrin fulfilled these requirements more nearly than any drug previously employed. It was quick and fairly certain in action, and, as far as known, free from any untoward result; prolonged in its effects and followed by a gradual rise in temperature, but, since it has come into more general use, reports have been widely divergent. The dosage varies from three to thirty grains.

Large doses at short intervals are appropriate in continued fevers, especially typhoid. Filehne recommends 75 grains in divided doses: 30 grains; in two hours 30 grains, and again in two hours 15 grains. This method has the disadvantage of causing profuse diaphoresis. Others advise 20 grains, the effect to be kept up by hourly doses of 10 grains, until temperature is sufficiently lowered. In many cases the quantity for adults will be 30—60 grains; some obtain better results by giving small doses, 4—7½ grains, and claim by this method sweating is not produced. Diaphoretic action may be prevented by addition of atropine, 1-120 grain, or agaricine, 1-16 grain. It effects a reduction of 3—5° Fahr., followed by a gradual rise. It has an elective action on the congestive and inflammatory diseases of pulmonary apparatus, being especially valuable in the fever of tuberculosis, 10 or 15 grains preventing a rise of temperature.

It has been used in a number of febrile diseases, including typhus, typhoid and relapsing fevers, pneumonia, acute rheumatism, etc., but in none of these had it more than an antipyretic action, and does not influence the course of the disease, except in so far as simple reduction of temperature is of favorable moment. It is not an antidote to any of the specific poisons. Hypodermatically it produces a greater reduction of temperature with greater rapidity and longer duration, while quantity is less, and less frequently demanded. It rarely produces any local disturbance; however, one case of sloughing was recently reported.

The analgesic properties have more recently become prominent. It had been noted that after its administration in fever the severe headache usually present was soon controlled, probably on account of its calming influence on the vaso-motor system. It has promptly relieved not only headache, whether due to disordered digestion, disturbance of menstrual functions, loss of sleep or undue mental effort, but also possesses

reliable prophylactic virtues, in scruple doses, against recurring attacks of cranial neuralgia. Where hemicrania is fully developed, it only partially relieves the pain if the patient keeps up; but if, after administering 15 grains, the patient lies down and goes to sleep, he will awaken in a short time relieved; a second dose is sometimes required. It has now received so many indorsements from different medical men that it may be placed on the list of symptomatic palliatives for all forms of headache.

Professor Germain See considers that in antipyrin we have a panacea for almost all affections, not that it possesses curative power in all diseases, but for the relief of pain it is unequaled, resembling opium, but not giving rise to vertigo nor vomiting, nor producing the somnolence or artificial stimulus which leads to morphinomania. He uses it in all cases where pain is the predominating symptom—cephalgia, megrim, facial neuralgia, gout, rheumatism, etc.—being especially valuable in hepatic colic, as it does not decrease biliary, intestinal and urinary secretions. He now advises 8 grains administered hypodermatically, when the pain, from whatever cause, at once remits. He has also found it of decided value in the choking fits of asthma, where iodide of potassium had failed. He thinks as an antipyretic the sudden fall cannot be devoid of danger.

A severe case of sunstroke has lately been reported as being cured by hypodermic injections of antipyrin and whisky. In hay fever 15 grains daily has controlled febrile condition entirely and relieved very much all eye and nose symptoms.

It has been recommended highly as a dressing to indolent ulcers, the surface being covered over with the powder, which acts as an excellent stimulant and promotes granulations. Dr. Lavrand reports it as very certain and prompt in its effect as a hemostatic in epistaxis, controlling the hemorrhage when applied locally in a three per cent solution, after plugging the anterior and posterior nares had failed. It is claimed by some that administered internally it has hemostatic properties superior to ergot. Dr. Chouppe has published two cases of uterine colic successfully treated by antipyrin injections. The first was a woman who suffered at each menstrual period with a painful colic, which was with difficulty overcome by chloral and opium. 15 grains of antipyrin gave rapid relief.

The second case, a woman suffering from uterine colic after childbirth. The pains were subdued for five hours by first injection and dissipated completely by the second. 15 grains, three times a day, cured a case of chorea in twelve days, which had been unaffected by the usual remedies.

Children seem to have a tolerance for the drug, and it has proven very useful in infantile therapeutics, especially valuable in broncho-pulmonary diseases. Penzolt gives to a child $1\frac{1}{2}$ grains for each year it has lived, and does not fear to repeat it for three consecutive hours. In typhoid fever and scarlatina, in addition to the defervescence, it seemed to exert a soothing effect, the children becoming quieter, and intellect remaining unimpaired in most cases. In febrile conditions, attending the evolution of teeth, it has lowered temperature and exerted a sedative influence on the nervous system. It is contra-indicated in diphtheria, as it may produce cardiac paralysis.

The effects, as studied by a number of the profession, are, in substance, the determining of a considerable reduction of temperature with a coincident fall in pulse-rate, respiration being unaffected, without any untoward result, beyond occasional nausea or the development of an erythematous eruption of a few days' duration; some have observed cardiac depression and collapse, one death being reported from a dosage of 45 grains, though it is not clear that it was entirely from the antipyrin; however, if there is cardiac adynamia or great weakness and prostration it should not be used, or if used must be very carefully watched.

The attention of the profession was first called to *antifebrin* by Drs. Cahn and Hepp, assistants at Kussmaul's clinic at Strasburg in August, 1886. It is a clear, tasteless, white crystalline substance, nearly insoluble in cold water, slightly soluble in warm water, freely soluble in alcohol and its solutions. Drs. Cahn and Hepp had used it in sixty cases where high temperature predominated, including typhoid, erysipelas, rheumatism and septicemia, and in every instance were successful in reducing temperature, without any disagreeable after-effects; in no case was more than 30 grains given in twenty-four hours. There was diminished frequency of pulse-rate, accompanied by increased arterial tension; no nausea, vomiting or diarrhea followed its use. There was also increase in amount of urine, a result greatly to be desired in febrile maladies.

The most beneficial results are obtained by suppressing the fever by a large dose and keeping it down by properly distributed small ones. The minimum temperature is reached in from three to five hours, followed by first a slow and then a rapid rise of temperature, the whole cycle occupying from three to twelve hours.

Dujardin-Beaumetz deprecated its occasional and at times unexpectedly energetic effect—in one case $7\frac{1}{2}$ grains producing a rapid fall of three degrees and a general cyanosis.

Germain See holds that it converts the oxyhemaglobine of the blood to metahemaglobine, destroying the oxygen-carrying power. It has been highly recommended for its antipyretic effect in typhoid fever, lowering the temperature when antipyrin had failed; dose ranging from 3— $7\frac{1}{2}$ grains. The remedy was well borne, there being no unpleasant after-effects and almost without exception effective. It was also observed that cases treated by antifebrin pursued an unusually easy course.

Dujardin-Beaumetz believes its especial value is to be found in the treatment of irritable conditions resulting from spinal disease. In a case of *tabes dorsalis*, under the influence of 15 grains daily, he has seen the spinal epilepsy disappear which had been modified by no other drug. Lepine has used it for lightening the pains of locomotor ataxia.

It has been shown that, given to non-febrile patients, it has no toxic effect in ordinary doses, and may be given as a nervine for its special sedative effect on the nervous system, in doses of 6 to 10 grains, three or four times a day. It acts well in acute rheumatism and hectic fever.

The profession are still very much divided in regard to the efficiency of these antipyretics. In a discussion on them in the New York Neurological Society, Dr. T. S. Robertson had been very successful in the use of antipyrin in neuralgic troubles, insomnia, hyperpyrexia, etc.; while Dr. W. A. Hammond had used both remedies, with entirely negative experience.

It is too soon to say positively that antipyrin and antifebrin will succeed all other antipyretics; but that they are valuable agents there is no doubt, especially when the temperature runs very high. It is still a question whether their systematic

use in continued fevers is beneficial, and they may even be considered dangerous.

Antipyrin has proven to be an excellent remedy in migraine and febrile headaches.

THE IMPROVED CÆSARIAN SECTION.

BY FRANCIS L. HAYNES, M. D., LOS ANGELES.

ON THE CHOICE OF AN OPERATION IN LABOR COMPLICATED BY CONTRACTED PELVIS, ETC.

THIS subject cannot here be fully discussed: you are confidently advised to read the words of Lusk in the last edition of his work on Obstetrics. This much may be said, that many cases which were once treated by craniotomy may now be delivered by the simple tape forceps of Poullet, or some other axis-traction instruments. Craniotomy on a living child is now considered almost criminal. In greatly contracted pelvis, it is more dangerous than the new section. Thus Schauta had a mortality of about 11 per cent in 73 cases of craniotomy; *while out of 24 cases of section, made according to the improved plan in the hospitals of Leipsic, Dresden and Innsbruck, but one woman died and all the children were saved.*

The patient's pelvis should be carefully measured, and the history of previous labors, if any, studied. If the patient is seen in time, and the pelvis is not too greatly contracted, you should carefully debate whether premature labor should not be induced. Section having been selected, it should be done deliberately and not as a last resort. The time for operation is as soon as the cervix is sufficiently dilated to allow of free drainage.

Shall we make a Porro, a Cæsarian, or a gastro-elytrotomy? If the uterus is ruptured, or if bleeding after the Cæsarian cut is uncontrollable, a Porro;—a gastro-elytrotomy, if the os is fully dilated, and the head above the superior strait, more especially if you have done the operation before. But to-day the Cæsarian is far ahead of its competitors in the favor of men who have done more to advance obstetrics than was ever done before, in so short a period, in the history of the world. To Sænger and to Leopold is to be ascribed all honor for their labors in reviving and improving the operation, which before their time was attended with fearful mortality.

PREPARATION FOR THE OPERATION.

Patient:

The patient should be well scrubbed in a warm bath daily, for a week before operation. The bowels should be kept soluble, and the evening before should be unloaded by a copious enema. Just before operation the catheter should be passed, and the position of the bladder located. The urine should be

examined, and if found to be loaded with deposits, scanty or albuminous, appropriate diuretics and diluents should be given, especially infusions of digitalis and buchu, soda bicarb., potassa citrat., or acids if indicated. No food or drink whatever should be taken by the patient on the day of operation. Disinfect the vagina and pudenda by sublimate irrigations, 1:6000, repeated twice daily for a week, using a gravity irrigator, and taking care not to push the tube into the cervical canal.

The abdominal walls and pubes are shaved, well scrubbed with soap and water, washed with ether, and, just before the operation, a towel wet with warm sublimate solution 1:1000 is applied over entire abdomen and pubes.

Especial attention is paid to the navel pit, and a good way to disinfect this, after washing as above described, is to keep it filled with powdered iodoform for two or three days.

The Room :

The operating room should be light and airy. All superfluous furniture and carpets should be removed. The walls, ceilings and floors should be well cleaned and thoroughly fumigated with sulphur on the day before the operation. On the day of operation nothing should be done in the room, lest dust should be raised. The temperature of the room should be about 75°. The patient should be etherized on a firm, high table, covered with blanket and sheet. The surgeon stands on the patient's right, and the table on which are placed the instruments is convenient to his right hand, so that he can help himself.

Operator and Assistants :

The operator and assistants should bathe themselves shortly before the operation, and should put on clean clothes. The hands and arms should be thoroughly disinfected by soap and water (paying especial attention to the folds and creases of the skin, and to the parts covered by the finger nails), and by sublimate solution 1:1000. No one present should have touched infectious objects for several days. Five assistants are needed: 1, to stand opposite operator, prevent intestines from protruding, prevent liquids from entering abdominal cavity, etc.; 2, to care for instruments and replenish basins with clean water; 3, to sponge; 4, to resuscitate child; 5, to etherize.

Instruments :

The instruments needed are as follows. They should be thoroughly scrubbed with nail brush, especially at joints and grooves, and with carbolic solution 1:20, or, better still, they should be boiled both before and after operation. They are placed in groups in large baking pans, and just before operation are covered with hot distilled water, with or without carbolic 1:40 :

Two sharp scalpels—all metal.

Button-pointed bistoury.

Twelve hæmostatic forceps, S. Wells' latest pattern.

Three pedicle forceps, S. Wells' latest pattern.

Strong, sharp scissors.

Sponge forceps.

Needle-holder—the less it is used the more rapidly will the work be done.

Twelve 4-sided needles, some two and some three inches long, which are without sharp, cutting edges, and can be used without a needle-holder. Some are threaded with Chinese silk, sizes 1 and 2, which has been boiled and kept in alcohol; some with chrome catgut. Also some curved needles threaded, and some fine sewing-needles threaded with fine Chinese silk, for wounds of bladder and intestines.

Twelve sponges, including four "elephant-ear" sponges, which have been thoroughly cleaned of sand, disinfected by carbolic 1:20, and just before operation washed in distilled water.

Two pieces of soft rubber tubing, about two feet long and as thick as little finger.

Powdered iodoform; sublimate solution, 1:4000; carbolic solution, 1:20; distilled water, hot and cold; basins, buckets, towels; Alpha syringe; gravity irrigator; gutta-percha tissue.

Instruments and sponges should be counted before operation, and before the abdominal wound is closed.

OPERATION.

An assistant having ruptured the membranes, a bold incision is made in the median line, reaching from navel to within one and a half inches of the pubes. This should go through skin and superficial layer of fat. The linea alba is now looked for, and incised by delicate strokes with the belly of the knife. Should you have missed the linea, you will be apprised of it by seeing the red belly of the rectus muscle appear in the wound. If so, it is rapidly drawn away from the median line until the median edge of the muscle, bounded by the linea alba, appears, or a probe is pushed transversely, first in one direction, then in the opposite, until the linea is struck. No great delay is allowable in finding this line. Do not, as happened in one case, spend an hour and a half thus; but, having failed, make your incision in the rectus, as near to the median line as possible. Unquestionably, however, the incision through the linea makes the neatest and dryest wound. Beneath the linea, appears the transverse fascia shining, and with transverse striations.

The thin subperitoneal fat appears, just under the transverse fascia. It should be seized on either side with hæmostatic

forceps, held well up so as to form a fold, and divided by light strokes. If any spurting has occurred, it has been checked by forceps. Before opening peritoneum, all oozing is stopped by sponges, forceps, or catgut ligatures. The peritoneum is held up on either side by forceps, and by allowing light to shine through the fold, or by rolling it between the finger and thumb, the absence of anything but peritoneum in the line of incision is demonstrated. It is now carefully incised so as to allow the entrance of two fingers. The wound is now enlarged up to umbilicus, or through and above it if necessary, in order to allow room to lift out the uterus—the two fingers serving as a guide and protecting the subjacent parts.

With a long needle, silk sutures, each about three feet long, are rapidly passed across the upper half of the wound; they are placed about an inch apart, and pass through all the layers of the wound about an inch from either edge. The ends on each side are secured by a pair of hemostatic forceps. The loops of these sutures are passed over the fundus of the uterus, and that organ is lifted gently out of the cavity, and surrounded by towels wet with hot water. The sutures are then drawn and tied in such a way as to close the abdominal cavity behind the uterus. During these steps, the assistant retains the omentum and intestines in place by his hands or large sponges. Two large towels, moistened by hot distilled water, are now laid over the abdomen, back and to the sides of the uterus, and covered with gutta-percha tissue.

Elastic tubing is now passed over the fundus and down to the cervix, drawn tight and rapidly secured by a pedicle forceps or a silk ligature.

Leopold's latest advice is to avoid the rubber tubing, unless you are forced to use it by bleeding. He closes the abdomen behind the uterus by a continuous suture. Many authorities empty the uterus before removing it from the abdominal cavity. If this plan is followed, soiling of the peritoneum must be avoided by keeping the abdominal parietes in close contact with the uterus, and by protecting it with towels and sponges.

Make an incision about five inches long in the median line of the uterus, avoiding both fundus and cervix, as these are the most vascular portions. Deliver child by head or by heels, as either extremity presents. If the uterine wound should prove too small, do not tear it, but enlarge by knife. If you meet placenta, go boldly through it, or separate it.

An assistant now gives a hypodermatic injection of a syringe-ful of fluid extract ergot.

Evert the uterus, so that you can examine its inner surface, and rapidly, gently, and cautiously remove placenta, membranes, and clots; with a sponge, carefully clean the whole mucosa, especially the tube openings. After this cleaning process, sponge the mucosa with 3 per cent carbolic, and douche the wound with the same solution. If hemorrhage occurs, which is not readily checked by other means, apply vinegar or alcohol. Pack the uterine cavity with damp carbolized sponge, to which forceps have been fastened, and knead the womb gently until it contracts thoroughly.

Carefully coaptate the edges of the uterine wound, and pass ten or twelve deep silk sutures, entering the needle about half an inch from the edge of the wound, and passing down to and merely catching, but not going right through the mucosa. When the uterus is contracted, these sutures should be about one-fourth inch apart. The ends on each side are all grasped by a pair of hemostatic forceps. The sponge is now removed and the uterine cavity sprinkled with iodoform; the wound is given a final cleaning, if necessary. Bleeding points, if any, are tied with thin catgut, passing it around the orifice of the vessel, with a needle, if required. The wound is carefully adjusted by the hands of the assistant, applied laterally, the sutures tied and their ends cut off. Next, a continuous or interrupted superficial suture of fine silk or chrome catgut is applied to the peritoneum, the stitches passing between the deep sutures. The needle passes into the peritoneum about three-eighth of an inch from the cut edge, out again about one-eighth of an inch from the same edge, across the wound, into the opposite peritoneal surface, one-eighth of an inch from the edge, and finally out three-eighths inch from the edge. When this suture is tightened, two serous surfaces are opposed by flattened surfaces, constituting the famous *serosa-serous suture*.

The main point in the modern section is the firm and even closing of the uterine wound by accurate suturing of the muscularis, combined with wetting of the serosa, so that union of the latter membrane at least may occur in a few hours and thus prevent all leakage.

The uterus is now excited to permanent contraction by pressure, and the elastic tubing removed. The parts are thoroughly cleaned with distilled water and the temporary sutures through abdominal walls removed. The retro-uterine

pouch and the abdominal cavity generally are thoroughly but gently cleaned, if necessary, by damp sponges, or by pouring in warm distilled water and removing with large sponges. If the operation has been carefully made, but very little cleaning will be required. The omentum is carefully smoothed down over intestines and the uterus replaced. One or more elephant-ear sponges held by forceps are placed under the abdominal wound, to be removed just before the wound is finally closed.

The peritoneum is closed by a continuous catgut suture, and the abdominal walls by silk sutures about one-half inch apart, and passed about three-eighths inch from the edges of the wound, passing through all the layers of tissue, except the peritoneum. After a final application of warm sublimate solution, the wound is thoroughly covered with a pad of eight thicknesses of cheese-cloth, saturated in a twelve per cent glycerole of carbolic. One or two pads of absorbent cotton are placed over this, and secured in place by broad and long strips of plaster. Masses of absorbent cotton are now placed over entire surface of abdomen, and firmly compressed by a tight, many-tailed flannel bandage. Finally, one or two teaspoonsful of powdered iodoform are placed in the vagina, in contact with the cervix. If the temperature remains normal, or nearly so, the wound is not exposed for three days. If any sutures are cutting or are causing irritation, they are removed, and the remaining sutures are removed one by one as union becomes firm.

The points essential to success in Cæsarian section are early operation, perfect and permanent closure of the uterine wound, and complete cleanliness.

121 Winston street.

POISONING BY IODOL.—Pallin applied 75 grains of iodol after removing a sequestrum from the clavicle. During the evening of the same day the patient became delirious, and on the following day his temperature was 102.2°, his pulse was 136, small, irregular; he vomited and was apathetic. The urine showed traces of albumen and a weak iodine reaction. Although the dressing was changed immediately, the symptoms lasted four days longer.

SELECTED.

THE WATER SYSTEM—HOW THE PEOPLE OF LOS ANGELES OBTAIN DRINK.

DR. HAGAN, the Health Officer, has prepared the following description of the water supply of this city :

There are three systems of domestic water supply in the city, namely, City Water-Works, Citizens' Water Company, and Mountain Water Company.

The City Water-Works supply domestic water for the least elevated portions of the city, including the business part of the city. This company gets its supply from Crystal Springs, a natural reservoir or lake some five miles up the Los Angeles river. This supply is evidently kept up by the water filtering through the ground from the river. The water is clear and of very good quality. From this fountain the water is conducted in an under-ground flume to a large reservoir on the hill north of the city. The reservoir contains twenty millions of gallons, and the water is distributed from this reservoir in pipes to consumers.

The Citizens' Water Company supplies the higher elevations, including the hills in the northwestern part of the city. Their supply is taken from the Los Angeles river some ten miles above the city, and conducted from its source to a reservoir located in the city east of the Sisters' Hospital. The water is then forced by steam pumps to a large distributing reservoir two hundred feet above its source. These reservoirs, both receiving and distributing, are roofed over, and also protected from drainage from the surrounding land. This company is now supplied with Hyatt's filter, one of the finest filtering machines in the United States. Their water supply is now abundant, pure and wholesome.

The Mountain Water Company is a new company whose pipes have just reached East Los Angeles. The water supply comes from the mountains, first supplying the town of Garvanzo, then reaching and supplying a portion of the citizens of East Los Angeles.

WELLS.

A very considerable proportion of the citizens are yet sup-

plied with well-water for domestic use, the pipes from water-works not having reached them. Well-water here, like well-water elsewhere, is good and bad, owing mainly to cleanly or uncleanly surroundings. No supply of drinking-water, in any country, is so apt to be impure as well-water. A well is liable to drain the surface of earth around it equal to three times its depth, which area often includes stables, privies and cess-pools, the contents of which may percolate through the ground to the well, converting the water into a dangerous poison. Unfortunately, fluid excrement and other foul substances that pollute the soil around a well do not change the appearance of the water, and very rarely the taste to any perceptible extent, and may continue to pollute the water from year to year without a suspicion of its poisonous character. Not only the greatest care should be taken to keep surface water out of wells, but the infiltration through the ground from manure piles, privies and cess-pools should be guarded against. Polluted well-water is one of the very common causes of typhoid fever throughout the country, and the attention of the people should be directed to this matter.

VIRCHOW has remarked that therapeutics continues to be the only department of medical science which is tolerant of rubbish. Systematic writers should now be released from paying their kind regards to the faded reputation of many a drug which enjoyed the suffrage of our predecessors.

THE curette is only to be used with the strictest antiseptic precautions, and after several days have been occupied by disinfecting the vagina by injections of sublimate solution. It is to be used when the uterus alone is attacked, and never when the uterus or ovaries are diseased. Again, it must not be attempted when the uterus is immobilized from any cause, or when there is the slightest periuterine inflammation.

"THANK God," says Gross, in his autobiography, written in his seventy-first year, "that in my early days I had the advantages of pure country air and a pure country life."

THE greatest per capita consumption of opium, according to that very reliable journal, the *Philadelphia Ledger* (Oct. 17, 1887), is in Portland, Maine, a stronghold of prohibition.

THE SOUTHERN CALIFORNIA PRACTITIONER.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

WHERE SHALL WE BURY OUR DEAD?

SOME time in the future cremation may possibly solve the question of the disposal of the remains of our dead. With all the centuries' old feeling in favor of sepulture, however, it will be far in the future, if ever, that the question will be thus settled. In the meantime what are we to do with the decaying remains of poor mortality? The answer seems very

plain and simple—bury them. But it is not so plain and simple. For the sparse population of a frontier community, or for the hamlet in some quiet nook of an out of the way country land, there may be nothing objectionable in the graveyard selected at random, or growing by mere chance of first burial in the corner of some man's farm; but as population becomes dense, and people crowd into cities, with an ever-increasing ratio of growth, the problem is no longer one to be left to chance for its solution.

Decomposing bodies, when aggregated in large numbers, soon contaminate the water which percolates through the soil and drains off to reach the surface elsewhere as springs.

The statement has been made to the writer that in the earlier days of Los Angeles a spring existed at the foot of the bluff on which is the old city cemetery, and which had been used for household purposes by the residents near, but that in the course of time its waters became so offensive they could no longer be so used. It is not many years since the water supply of a portion of the city was pumped from the underground flow at the base of a sloping bluff upon which was situated one of the cemeteries.

And then offensive and poisonous gases are given off in the changes of decomposition which are not wholly absorbed by the superincumbent layer of earth and which contaminate the atmosphere above. Only a few years ago the papers of a neighboring city reported the winds which blew over the city from a cemetery near by as so offensive that steps had to be taken for more careful sepulture.

The rapid growth of cities also necessitates the frequent removal of improperly located cemeteries, with the attendant exhumation of bodies and all the revolting circumstances which such work involves, while the upturned earth, and the yet putrifying animal substances, give up to the air germs of disease which are still potent for harm.

In view of all these facts, the proper location of cemeteries in the first place becomes a problem for much thought and careful investigation, and one which should call for the trained judgment of the specialist, as much so as the call for engineering skill in deciding upon water and sewer systems, or that of the architect and sanitarian in determining upon plans for public and private buildings.

What is the actual state of the case? While the city secures the best engineering and architectural skill for these other purposes, when it comes to the location of its cemeteries it leaves the question to be settled solely by the private interests or the cupidity of the individual. John Smith, without thought of the direction of the prevailing wind currents, and without knowledge of the character of soil best suited to the purposes of sepulture, or investigation of the drainage from the land, or consideration of the lines of future growth of a city, has a few acres which he thinks he may utilize as a place of public burial. In fact he concludes there is money in it. It may be that John Smith is a company; but companies and individuals reason curiously alike, and are actuated by much the same motives. And so John Smith, or John Company builds a big arched gateway for entrance to the grounds, and lays out winding pathways, and plants evergreens, and possibly has a consignment of marble cherubs, with butterfly wings sprouting out of their shoulder blades, chiseled to order, and mounted up in picturesque confusion about the grounds, and proceeds to lay out the land in lots 10x30, each of which is sold at a price which makes those few acres more remunerative to their owner than a gold mine, and each of which is within a few years to be crammed full of decomposing human remains.

And now comes the penalty for all this lack of proper supervision by community of this question of sepulture. The arched gateway is a thing of beauty, and the winding pathways tempt to pensive rambles, and the evergreens grow ever greener in the summer sun, and the marble cherubs, with the anatomically ridiculous shoulder blade wings, smile their stereotyped cherub smile, but the winds laden with the gases of decomposition will persist in blowing from that hundred-acre charnel house directly back over the city, and little Johnny and James and Sarah breathe into their susceptible lungs, together with the scent of the orange bloom, their vaporized but not etherealized ancestors, and pass on to join the innumerable caravan, but get even with community by leaving their little bodies to add to the festering mass just under the green sod.

And the waters that fall from the heavens will persist in percolating through the putrid mass, and then, knowing no

laws but those of gravity and strata, go on to poison the wells and springs and water-courses of the settlements which lie below.

And now the city, in its never-checking growth, begins to creep out to the cemetery grounds, and new streets are opened up, and then the circle of population closes around it, and first the cemetery is ordered closed, and then, as land becomes more valuable, and the surrounding population begins to object to it as a neighbor, the bodies are ordered to be removed.

And now the shade of John Jones, who died ten years before of small-pox, after being carted off to the pest-house against his will, smiles a grim smile as it scatters its second-hand but first-class small-pox germs abroad upon the air. John had to wait ten years for his turn, but he at last gets even. And poor Tim O'Connor, who gave up the ghost at the persuasive coaxing of the typhoid microbe, turns out a few thousand microbes which he has been storing up, and which are still alive and longing for exercise after their enforced rest, to entice other Tim O'Connors over the border line of that

"Undiscovered country from whose bourne
No traveler returns."

And Tim is no longer lonesome o' nights. He has company in that country. Enough for a party in fact.

How and where shall we bury our dead? The editorial pen has to turn now to other work, but will endeavor in the next issue to give somewhat of an answer to the question.

ANTIFEBRIN MAY BE FOLLOWED BY UNPLEASANT SYMPTOMS.

IN view of the rapidly increasing use of this antipyretic, we wish to call our reader's attention to the fact that several observers have seen cyanosis follow its exhibition. Doll of Berlin gives full notes* of a case in which it produced a condition, very alarming to the patient and her friends, which he compares to the hypnotic state.

*Therap. Gazette, Nov. 15, 1887, p. 764.

INEFFICIENCY OF QUARANTINE.

MEDICAL opinion, we are told now, "seems wavering in its adherence to quarantine." Long since that excellent hygienist and teacher, Prof. Henry Hartshorne, challenged the profession to give a single instance in which the spread of cholera had been prevented by quarantine. During the last great yellow fever epidemic it is well known that among the greatest sufferers were towns which adopted the most stringent precautions against communication with infected points. Strict quarantine is, as a rule, impracticable. A distinguished Confederate army surgeon used to illustrate this view by giving the experience of a brother officer, whose betrothed lived within the lines of the Union army—lines which, as a battle was imminent, were guarded with every precaution known to military discipline. Yet this officer was in the habit, without great difficulty, of visiting his Juliet nearly every night.

As to the recent epidemic of cholera at the quarantine station at New York, it is said that police supervision was so faulty as practically scarcely to exist, boats being allowed to pass freely between the infected island and the shore.

HEROIC TREATMENT OF OPIUM POISONING.

IN a recent case,* in which the patient was deeply narcotized by a large quantity of morphine (supposed to be about ten grains), where atropia had been administered and Sylvester's method of artificial respiration employed without success, the trachea was opened, a tampon-canula fastened in it by a thread passed around the trachea, and artificial respiration kept up by means of bellows. Though the patient was in a desperate condition at the time of operation, respiration having been reduced to one a minute, he rapidly and completely recovered. In reading the original report of the case, it becomes apparent that artificial respiration by the ordinary process was abandoned too soon.

An exchange informs us that Dr. Länger, primarärzt of the Vienna Hospital, after taking a large dose of morphia, during an attack of melancholia, was saved by similar treatment.

*Paper read before International Medical Congress, by Geo. E. Fell, M. D., of Buffalo N. Y.

WHAT IS THE PROPER TREATMENT OF MORPHINOMANIA?

DURING the last decade an important change in professional opinion has occurred as to the proper treatment of the opium habit.

Formerly the narcotic was discontinued at once, and the cure was made at the expense of the most frightful suffering. In a case which we watched, the patient, an apothecary, on the day before going to a hospital for treatment, took one drachm of morphine hypodermatically. As the result of the sudden withdrawal of the drug, the man suffered intensely for one month, at times descending almost to the "valley of the shadow of death." At the end of six weeks, however, he was discharged cured.

Now, we believe, most of those who have especially studied the opium habit agree that the patient should daily diminish the dose of the drug by a fractional quantity, perhaps one-thirtieth of the total diurnal dose. It seems essential to the satisfactory treatment of the patient that he should be subjected to such rigid discipline as can rarely be obtained except in a hospital, and that he should be kept in entire ignorance of the details of his management.

Shall we administer cocaine to destroy the opium appetite? If you have seen its demoralizing effects on mind and body, you will certainly answer "No!" at least until more satisfactory evidence of its utility has been produced.

INDURATION OF THE STERNO-MASTOID MUSCLE IN THE NEW-BORN.

AFTER a difficult forceps or head-last case, in which perhaps the head has been twisted to one side and great force used in extracting, the physician will sometimes have his attention called to a mass apparently consisting of cartilage, springing from the sterno-clavicular articulation and passing up nearly as far as the mastoid process. This is due to rupture of some of the muscular fibres, giving rise to perhaps hæmatoma and myositis. We have met with three cases, two in children born breech first, and one in a forceps case. The first two speedily recovered, but the third case still showed some induration, with torticollis, at the end of three years.

THE EXCISION OF INTERNAL PILES.

SIR ASTLEY COOPER in his Lectures on Surgery graphically relates his experience with this operation. After mentioning several mishaps, he describes the misfortunes of a nobleman, whose hemorrhoids he had just cut off: "As I was anxious about this patient, I did not immediately quit the room, but stood chatting with him for a short time, when he said, 'I believe you must quit the room for I must have a motion.' I went out of the room, but on returning shortly after, I found him trying to get into bed, and in looking into the vessel I perceived a considerable quantity of blood in it. In a few minutes after, he said he must have another motion, got out of bed, and again discharged a considerable quantity of blood. This he did four different times; one of the hemorrhoidal arteries in the center of one of the piles, which had been removed, was divided, and as I was determined he should not die of hemorrhage, I said I must secure the vessel which bled, and with the speculum ani I opened the rectum sufficiently to see the blood vessel, took it up with the tenaculum and put a ligature round it. On the following day, I found the patient, who was much advanced in years, extremely weak; he had had a severe rigor, he grew gradually worse and in four days after he died."

And yet this is the operation which Whitehead, by a few simple, yet all-important modifications, which have been described in a recent number, has made so successful.

SHALL A DOCTOR INFORM ON A CRIMINAL?

As a rule, physicians should religiously guard the secrets of their patients, and especially when to reveal them would expose the patients to shame or punishment. But this rule cannot be strained so as to apply to a murderous fugitive from justice. . . . When the consequences of his crime bring a dangerous criminal to the notice of a medical man, we hold it to be a duty to the State that the latter should disclose the fact to the proper authorities, and not hold back from any false notions in regard to professional confidences.

—*Medical and Surgical Reporter.*

HEMORRHAGE FROM VARICOSE VEINS OF THE LABIUM IN PREGNANCY.

IN this accident, which, according to Legry, has proved fatal in nine out of thirteen cases, it is of great importance that some simple and efficient mode of treatment should be known to all. An exchange mentions digital compression, the tampon, and the compressing forceps. The patient or someone in close attendance should be taught to apply the finger to the bleeding orifice, but when the physician arrives we believe all other plans of treatment are far exceeded in merit by that originated by the sagacious Smelfungus, who happened to be summoned to such a case at a moment when he was without instruments of any sort. With an ordinary needle and thread he passed a suture through the bleeding orifice, a second above, a third below it. Of course, the sutures should be passed deep enough to occlude the vein, when they are tightened. We have used this plan with perfect satisfaction, and have never found it necessary to confine the patient more than a day.

ALBUMEN IN URINE.

PROF. STEWART, of Edinburgh, has made some very interesting studies on the discharge of albumen from the kidneys of healthy people. Out of 407 individuals, albumen was present in 129, or 31 per cent. Of soldiers, 15 per cent. showed albumen before breakfast, 40 per cent. after breakfast; before marching, or any exertion, 29 per cent. showed albumen; on their return from an eight-mile march, the percentage was only 19. The observations tend to show that albuminuria is much more common among presumably healthy people than was formerly supposed; that the frequency of its presence increases as life advances; that it is most common among the laboring class; that albumen frequently follows the taking of food, more especially breakfast; that *moderate muscular exercise* tends to diminish, rather than increase, the amount of albumen; that it is often produced, or increased, by cold bathing; that the existence of albumen is not of itself sufficient ground for the rejection of a proposal for life-insurance.

WHAT SHALL WE DO WITH THE ANTERIOR LIPS OF THE UTERUS ?

"WHAT," inquires Dr. Dan Milliken, "shall we do with the anterior lips of the parturient uterus," when the uterine mouth is situated so far back that we can scarcely reach it? What, when the os does not readily dilate? What, when the anterior lips forms a thick cord just in advance of that portion of the head which is ready to slip under the pubic arch? His answer to these questions is that we are to make traction on the lip.

Nothing is more certain than that such traction increases the suffering of the patient, tends to bruise the lip itself and hurt the cervix, and thus, indirectly at least, promote septi-cemia. Moreover, traction, unless made with unjustifiable force, seems to have but little effect.

We have made frequent and careful trials of traction and expectancy in such cases, and do not hesitate to answer the question which forms our caption by the one word—"NOTHING!"

LEPROSY IN ENGLAND.

A REPORT of the College of Physicians, London, dated July 15, 1887, states: "If there are any elements of contagion in leprosy they are not more to be dreaded than are those in cases of syphilis, which is not commonly considered to justify segregation on the part of those affected. * * * * * Leprosy is not contagious in the conventional sense of the term, but, if at all, it is only so in low degree and under exceptional circumstances."

Nobody believes that there is danger in getting to the windward of a leper, but on the other hand would any inducement lead a member of this committee to allow himself to be inoculated with leprosy? Members of such a venerable body as the London College of Physicians, in making a scientific report, would perhaps do well to use terms in the scientific and not in the "conventional" sense.

Bésnier, in an elaborate paper, takes the opposite view of leprosy. He states that it is spreading rapidly since the extension of the French colonies, and that soldiers, sailors, traders, and missionaries, in large numbers, have fallen victims to it.

FOOT-AND-MOUTH DISEASE AND SCARLATINA.

STICKLER, of Orange, N. J.,* believes that the foot-and-mouth disease (aphthous fever) and scarlatina bear the same reciprocal relations to the cow and the human being as do cow-pox and small-pox. As a practical deduction from this theory he thinks that children should be protected from scarlatina by inoculating from cattle suffering from the foot-and-mouth disease, or from vesicles from cattle produced by inoculating them with virus derived from children suffering from scarlatina. In three instances Stickler inoculated children in the manner first described; two he purposely exposed to scarlatina contagion, the third had "opportunity for infection." None contracted scarlatina.

While fame, equal to that which renders the name of Jenner immortal, awaits the man who may show the physician how to prevent scarlatina, yet it may be questioned whether, in the present state of the question, the doctor's experiments were justifiable.

THE DOCTOR'S DOOR-BELL.

No matter how long a man has been in the medical profession, or how much he has been accustomed to suffering and sorrow, he never becomes complete master of himself. It is the doctor's study to control his nerves, so no matter how great the alarm and apprehension, those who are with him cannot detect his innermost thoughts.

He is frequently called to scenes of torture where all others are excitedly running to and fro and aimlessly screaming for help, but the physician must, by his cool, unimpassioned demeanor, restore order, quiet, and hope.

Yet, as he sits in his study, conning the latest medical journals, or writing up the notes of the cases he has seen during the day, he will, in spite of himself, start from his chair with a momentary thrill of horror if his door-bell is violently rung.

Should the call prove to be an urgent and serious one there is no reproving thought for the caller, but should it prove a trivial one he regrets receiving such a shock without cause.

* N. Y. Med. Record, Dec. 10, 1887, p. 725.

EDITORIAL NOTES.

THE *Journal of the American Medical Association* was kind enough to furnish THE SOUTHERN CALIFORNIA PRACTITIONER with the engraving that illustrated Dr. Robertson's article on Climate and Health Resorts of California.

After receiving such courteous treatment, we were much chagrined to find the article in the December number of our journal in the "Original" department, and without a word of credit to the *Journal of the American Medical Association*. This error was due to the sudden departure for the East of the editor who attends to such details.

BENEDIKT IS NOW CURING RHEUMATISM by injections of 2 per cent. carbolic. When the almost perennial stream of new drugs for a moment ceases to flow from the laboratory of Merck, our foreign brothers always try carbolic hypodermatically, and it always cures as rapidly as it does in erysipelas and puerperal fever.

"ILLINOIS is favored in soil and climate," said a journalist in 1833. "The prairies are rich in grass, but they can never be inhabited for want of wood and water." But this prophet was as much mistaken as those who but a few years since considered the country around Los Angeles worthless.

DAVID, of Paris, maintains that apthous stomatitis is identical with the foot-and-mouth disease, and is sometimes at least derived from the sheep and cow, through the agency of milk.

DR. R. H. PLUMMER, President of the California State Medical Society, is already working to insure a successful annual meeting in April.

PROF. G. W. LASHER, after his protracted absence, is again delighting the medical students with his lectures on Surgical Anatomy.

DURING Dr. Walter Lindley's brief absence in New York, Dr. Wing substituted for him at the College.

PUNNING, according to Hughlings-Jackson, is really a morbid condition, a mental diplopia.

DR. W. D. BABCOCK has been doing some good work at the Medical College.

DULLES, of Philadelphia, claims that there is no such disease as hydrophobia. This simply means that he has never seen a case. We think the most skeptical will be convinced that hydrophobia is a distinct disease, by reading the narrative of cases in that excellent work, Watson's "Practice of Physic."

RETRO-RECTAL DERMOID CYST.—Biernacki describes a case in which a dermoid cyst behind the rectum obstructed labor. It was tapped, but perforation was required before labor could be completed. Convalescence was retarded by suppuration of the tumor with extensive burrowing. The writer has found records of four other cases of retro-rectal dermoid cyst.—*British Medical Journal*.

HOLLOWAY treated twenty-four cases of whooping cough by nasal insufflations of boric acid. The patient is confined to one room for a week or ten days and each nostril is insufflated every three hours during the day and once during the night with three grains of finely powdered boric acid. The average duration of the cases was about three weeks.—*British Medical Journal*, Oct. 15, 1887.

CHILDREN born of morphia-eating mothers are practically morphia-eaters, and during the first days of their life, unless morphia is given them, are very apt to suffer collapse. This condition may end in death, and seems to be parallel to the sudden giving out of the system which sometimes follows the sudden withdrawal of the alkaloid in adults. Several cases are reported in which new-born children, in such collapse, were apparently saved by hypodermic injections of morphia.*

ERLENMEYER, in his exhaustive work on the opium habit, records a case in which fatal tubercular poisoning was believed to have been produced by the hypodermic needle.

A physician, aged 38, who had been accustomed to use the same needle for himself and a tuberculous patient, died suddenly, and at the autopsy a tuberculosis, strictly localized to the peritoneum, was found. When it is considered that the physician rarely purifies his needles, except by hastily dipping them in water and drying with a towel, it seems strange that disease is not more frequently conveyed. The above case does not seem to be beyond cavil.

* Die Morphiumsucht und ihre Behandlung, Von Erlenmeyer. Berlin C., Leipzig, Newted, Heuser's Verlag, 1887.

SULPHATE OF MAGNESIA IN ABDOMINAL DISTENSION AND PERITONITIS AFTER LAPARATOMY.—The following case illustrates the value of this plan of treatment: A woman who had been operated upon for double pyo-salpinx developed symptoms of peritonitis on the second day. She had a chill followed by great abdominal pain and distension; her pulse was 110, her temperature 99.5°. Her knees were drawn up, and the jarring caused by motions in the room provoked exclamations of pain. An ounce of sulphate of magnesia was given in one dose. This produced four large serous evacuations during the next twelve hours. The drainage tube then became dry and all alarming symptoms disappeared. The cases in which the effect of sulphate of magnesia is most marked are those in which it is administered at the onset of dangerous symptoms.* The evidence in favor of this treatment is daily growing stronger. Dr. Penrose, who is a son of Prof. Penrose of the University of Pennsylvania, and who has been very successful as an abdominal surgeon, has recently reported another equally favorable case,

CONGESTIVE HEADACHE is treated by Glasgow of St. Louis by pricking one of the hypertrophied cavernous bodies of the nose and allowing it to bleed freely. Rice of New York has had better results by reducing the hypertrophy with the galvano-cautery. In addition to the galvano-cautery, or where it fails, Allen, of Philadelphia, while the patient is in the first stage of ether anæsthesia, explores the nasal cavities thoroughly, abrades or removes loosened mucous membrane, forcibly separates the septum from the turbinated tissues where they are in contact, and shaves off convexities of the septum where indicated by the existence of nasal obstruction. Prof. Allen, who has done more for rhinology than any other man in America, attaches great importance to this procedure in many cases of nasal catarrh.

SURGICAL TREATMENT OF CEREBRAL HEMORRHAGE.—Bradford, in the *Lancet* of October 15, 1887, advises compression of one or both carotids, or that the artery may be tied. In the more severe cases trephining should be resorted to at once and a trocar, bistory or probe passed into the brain substance to reach the mass of blood. Two cases are given to sustain this position.

* Dr. Chas. B. Penrose, Med. and Surg. Reporter, Oct. 22, 1887, p. 538.

TAMPONADE OF THE UTERUS WITH IODOFORM GAUZE IN ATONY AFTER LABOR—COMBINED COMPRESSION OF UTERUS AND AORTA.—Duehrssen* reports two cases in which tamponade was used with the best results. The treatment to be followed in cases of atony of the uterus after expulsion of the placenta should, he says, be the following, in the order mentioned:

1. Emptying the bladder.
2. Injections of ergotin or the internal administration of ergot.
3. Masseur of the uterus.
4. Hot or ice-cold uterine injections.
5. Tamponade of the uterus with iodoform gauze.

He remarks with surprise on the small quantity of gauze necessary to fill the uterine cavity. The gauze used was cut into strips, was 20 per cent strong and was dusted over with iodoform.

We feel disposed to look upon this procedure as a valuable addition to the therapeutics of that terrible accident, post-partum hemorrhage. It has the immense advantage over the use of coagulents, such as iron-salts, that it can do no harm.

We may be pardoned for remarking that the author has omitted from his list of remedies one of the most valuable, and one which in serious cases should be employed at once while assistants are preparing or using other remedies—combined compression of the uterus and aorta, after the following method:

The uterus is squeezed into as small a compass as possible and very firmly grasped by both hands. The aim is to include, if possible, the whole organ in the operator's grip. The mass formed by the uterus and the hands is now pressed against the aorta, the physician throwing the weight of his body forward over the woman's abdomen.

As this pressure may have to be maintained for hours, every physician attending a serious case of uterine hemorrhage, is in honor bound to procure skilled aid, if possible, as in such cases the life of the patient may depend entirely on the "staying" powers of the attendant.

"Do you know cocaine in America?" asked a German professor of an American student.

*Pittsburgh Medical Review, Oct., 1887, p. 273.

INHALATIONS OF SULPHUROUS ACID IN PHTHISIS.—Dujardin-Beaumetz speaks highly of this treatment, and gives these directions: Select a room of small size; take its exact cubic dimensions, stop the chimney and close the windows and doors; then burn a quantity of sulphur, which you can make to ignite by means of alcohol poured over its surface. Begin with small quantities, as five grammes per cubic metre, and increase every day by five grammes to twenty grammes. Two hours after the completion of the combustion admit your patients into the room and let them remain there four hours.—*Therapeutic Gazette*, Nov. 15, 1887, p. 730.

THE LATEST ANTIPYRETIC rejoices in the euphonious name of acetphenetidin, and is analogous in composition to anti-febrin (acetanilid). If its inventor does not re-baptize it, it will never become popular.

CORRESPONDENCE.

CATHARSIS FROM ANTIPYRINE.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER: So far I have seen no warning to look for danger from antipyrine except to and through the heart.

Within a few months I have seen two cases which have convinced me there were other avenues of danger, especially when given in typhoid cases. In the first case, a single dose of fifteen grains caused diarrhea, which lasted about thirty-six hours. Subsequently a dose of ten grains started a diarrhea, lasting about twenty-four hours.

In the second case, the drug was given in doses of five grains three times a day. Diarrhea commenced after the third dose, and during the succeeding twenty-four hours the patient reported thirty-two evacuations. The drug was discontinued for five days, and then resumed as before.

The bowels commenced to move after the second dose, and though only four doses, aggregating twenty grains, were taken the patient reported sixteen stools from the twenty grains.

Both patients were females, and both were habitually costive.

F. R. MILLARD, M. D.

San Diego, Cal., Dec. 28th, 1887.

NEW LICENTIATES.

SAN FRANCISCO, Dec. 9, 1887.

EDITOR SOUTHERN CALIFORNIA PRACTITIONER.—*Dear Sir :*
The following persons having complied with the law and all the requirements of the Board of Examiners, were granted certificates, November 2d, 1887, entitling them to practice medicine in the State :

M. L. Arthur, M. D., San Diego, Medical Department University of Iowa, Iowa, March 3, 1886.

John K. Carson, M. D., Los Angeles, Missouri Medical College, Mo., March 6, 1883.

Thos. J. Eaton, M. D., Chico, University of New York, N. Y., March 3, 1859.

Francis M. Featherston, M. D., Fresno, Louisville Medical College, Ky., February 27, 1874.

Geo. H. Fleet, M. D., Berryvale, Jefferson Medical College, Penn., March 29, 1884.

Francis Gallagher, M. D., San Francisco, Yale Medical College, Conn., July 26, 1864.

Edmond Goldman, M. D., San José, Bellevue Hospital Medical College, N. Y., March 5, 1863.

C. Woodville Halm, M. D., Hildreth, Missouri Medical College, Mo., March 2, 1886.

W. B. De Jarnetto, M. D., San Diego, St. Louis Medical College, Mo., March 9, 1871.

Wm. J. Maynard, M. D., San Francisco, Rush Medical College, Ill., February 5, 1868.

Otto M. Schultz, M. D., Los Angeles, Tulum University of New Orleans, La., March 3, 1887.

Fannie E. Williams, M. D., Los Angeles, State University of Iowa, Iowa, March 1, 1876.

The following were granted certificates, December 7, 1887 :

Russell D. Adams, M. D., Los Angeles, Long Island College Hospital, N. Y., July 30, 1864.

L. F. Alvarez, M. D., San Francisco, Cooper Medical College, Cal., November 17, 1887.

Chas. Dexter Ball, M. D., Santa Ana, Bishop's College, Province of Quebec, Canada, April 3, 1884.

Alfred R. Brandow, M. D., San Francisco, Cooper Medical College, Cal., November 17, 1887.

Wm. B. Bringle, M. D., Los Angeles, Rush Medical College, Ill., March 4, 1875.

James P. Booth, M. D., Needles, Galveston Medical College, Texas, March 2, 1871.

Katharine H. Brandt, M. D., San Luis Obispo, Woman's Medical College of Pennsylvania, March 17, 1887.

Owen Buckland, M. D., San Francisco, Cooper Medical College, Cal., November 17, 1887.

Fred Pope Clark, M. D., Stockton, Cooper Medical College, Cal., March 17, 1887.

Channing H. Cook, M. D., San Francisco, Cooper Medical College, Cal., November 17, 1887.

Wm. Henry Cooper, M. D., Oakland, Cooper Medical College, Cal., Nov. 17, 1887.

E. A. Dial, M. D., Orange, Louisville Medical College, Ky., February 25, 1886.

Chas. Atkinson Dozier, M. D., Reo Vista, Cooper Medical College, November 17, 1887.

Wm. H. Dukeman, M. D., Los Angeles, University City of New York, N. Y., February 17, 1880.

Fred W. D. Evelyn, M. D., San Francisco, University of Edinburgh, Scotland, Aug. 2, 1886.

Chas. Faget, M. D., San Bernardino, The Faculty of Medicine of Paris, France, August 7, 1880.

S. T. Ferguson, M. D., Santa Barbara, Rush Medical College, Ill., Jan. 25, 1886.

Michael Q. Foltrell, M. D., San Francisco, Medical Department University of California, November 15, 1887.

Henry H. Forline, M. D., Los Angeles, Beaumont Hospital Medical College, Mo., March 1, 1887.

George Kennedy Frink, M. D., San Francisco, Cooper Medical College, Cal., November 17, 1887.

John Woodburn Gibson, M. D., San Francisco, Cooper Medical College, Cal., Nov. 17, 1887.

J. M. Harris, M. D., Los Angeles, University of Louisville, Ky., February 25, 1881.

Henry L. Johnson, M. D., Oakland, Cooper Medical College, Cal., November 17, 1887.

Frederick Kirchhoffer, M. D., San Francisco, Medical Department University of California, Nov. 15, 1887.

Richard J. Mohr, M. D., South Pasadena, Medical Department Iowa State University, Iowa, February 21, 1861.

Richard Murphy, M. D., Pasadena, University of Michigan, Mich., March 28, 1875.

William Casper Parker, M. D., Los Angeles, Sterling Medical College, Columbus, O., February 26, 1869.

William C. Payne, M. D., Pasadena, Medical Department Western Reserve College, O., March 2, 1853.

Stephen D. W. Potter, M. D., Orange, College Physicians and Surgeons, Keokuk, Iowa, February 14, 1878.

Denis Francis Ragan, M. D., San Francisco, Cooper Medical College, Cal., Nov. 17, 1887.

L. Redman, M. D., San Francisco, Rush Medical College, Ill., February 25, 1865.

John Muck Read, M. D., Woodland, Cooper Medical College, Cal., Nov. 17, 1887.

Rufus Lee Rigdon, M. D., San Francisco, Cooper Medical College, Cal., November 17, 1887.

Nicholas Russell, M. D., San Francisco, University of Bucharest, Romania, June 14, 1877.

Leocadie Russell, M. D., San Francisco, University of Bern, Switzerland, March 12, 1879.

Hugo Senftleben, M. D., San Luis Obispo, University of Koemijnsberg, Chili, August 9, 1885.

John H. Sheets, M. D., Susanville, Medical Department University of California, Cal., November 7, 1881.

Dudley W. Stuart, M. D., Los Angeles, Medical Department Lind University, Ill., March 4, 1861.

Chas. J. Wang, M. D., Alameda, Royal College of Surgeons, London, England, April 18, 1871.

James M. Wheat, M. D., Colton, Albany Medical College, N. Y., May 31, 1853.

Robert B. Williams, M. D., San Francisco, Medical Department University of California, Cal., November 15, 1887.

Walter Kern Wilkins, M. D., San Diego, Bellevue Hospital Medical College, N. Y., March 15, 1886.

W. B. Wood, M. D., Earlham, Missouri Medical College, St. Louis, Mo., March 4, 1875.

Herbert W. Yermans, M. D., San Francisco, Detroit Medical College, Mich., March 5, 1878.

WM. M. LAWLOR, M. D., *Secretary.*

BOOK NOTICES.

FUNCTIONAL NERVOUS DISEASES: THEIR CAUSES AND THEIR TREATMENT. By GEORGE T. STEVENS, M. D., Ph. D.; Member of the American Medical Association, of the American Ophthalmological Society; formerly Professor of Ophthalmology and Physiology in the Albany Medical College. New York: D. Appleton & Co. 1887.

The part of this volume devoted to nervous diseases is a reprint of the prize essay before the Belgian Academy of Medicine in 1883; while the latter part is a supplement devoted to the anomalies of refraction and accommodation. He treats of Headache, Migraine, Neuralgia, Spinal Irritation and Neurasthenia, Chorea, Epilepsy and Mental Disorders, and starts out with the following general proposition: "Difficulties attending the functions of accommodating and of adjusting the eyes in the act of vision, or irritations arising from the nerves involved in these processes, are among the *most prolific sources* of nervous disturbances, and *more frequently* than other conditions constitute a neuropathic tendency." He promptly and properly admits that so novel a theory will hardly receive credence (an admission which most will readily accept), but assures his readers that it is based on the observation of twenty-seven hundred cases, and proceeds to give statistics of results of treatment of these diseases, said treatment being directed exclusively to the relief of the various ocular disturbances which were associated with the above-mentioned disease. The results are truly marvelous. In chronic headache he reports 84 per cent of his cases cured and 12 per cent relieved. Without giving exact numbers, he claims to have had equally good results in migraine. In neuralgia, 84 per cent cured and 12 per cent benefited; and in this connection he makes a very ingenious application of his theory to the laws of heredity, formulating from ten cases which he tabulates the following, that hereditary neuroses, such as epilepsy, migraine, neuralgia, chorea and insanity, are the manifestations of transmitted physical defects, of which anomalous conditions of the eyes are among the most frequent and important. All of the cases of chorea reported obtained speedy and complete relief on receiving proper treatment for their ocular disturbance, which leads him to formulate a proposition in regard to that disease, viz: "Chorea is emphatically a nervous trouble dependent on ocular conditions." Of the

29 cases of epilepsy treated only by relieving their ocular defects, 14 were cured, 13 greatly improved, and only 2 received no benefit. With such brilliant results no wonder that he moralizes a little on the superiority of this line of treatment over the routine bromide treatment. How can we account for such wonderful success, so at variance with the success and teachings of Gowers, Ross, Hammond, and all of the recognized authorities in neurology? Statistics may be manipulated so as to prove almost anything, and though our author claims to have had under observation 2,700 cases, his statistics seem to cover but a few cases selected from that number. An important fact bearing on this matter, the talented author of this work is a *specialist*, an ophthalmologist, and consequently has seen all these cases from the stand-point of his specialty, and not from that of a general practitioner or of a neurologist. We, of course, admit that ocular disturbances are frequent sources of functional nervous disease, but that they are the essential and all important source of reflex nervous irritation is beyond our credence. Evidently the author's interest in his specialty has obscured his vision of everything outside of that field; yet this is a valuable work and is of particular interest to the alienist and neurologist.

B.

CYCLOPEDIA OF OBSTETRICS AND GYNECOLOGY. (12 vols., price \$16.50.) Volume V, containing: Gynecological Diagnosis; General Gynecological Therapeutics, by R. CHROBAK, M. D., Professor of Gynecology at the University of Vienna; and Electricity in Gynecology and Obstetrics, by EGBERT H. GRANDIN, M. D., Obstetric Surgeon to the New York Maternity Hospital. With one hundred and sixty fine wood-engravings. New York: William Wood & Company.

Without referring in detail to Chrobak's very thorough work, we will pass to his chapter on antiseptics. The toxic effects of iodoform should, he says, not be overlooked. "The temperature rises, the pulse increases in frequency, the intellect is clouded; in extreme cases there is collapse, acute delirium, deep coma," speedy death. We feel convinced that this drug is used with altogether too much recklessness, and that careful watching would add immensely to the reported number of cases poisoned by it, though frequently the symptoms are so slight and ill-defined that they are attributed to slight septicemia, or some other cause.

One error in this chapter should be particularly noted. One per cent. solutions of sublimate are advised for irrigation. Of course, the use of such solutions would have a most disastrous effect, and it is supposed that 1:1000 is meant, though even this is very much too strong for many purposes, such as intra-uterine irrigation.

To Grandin's contribution nothing but praise can be given. The subject is approached in a truly scientific spirit. We are, it seems, only on the threshold of our knowledge of the uses of electricity in gynecology. A thorough insight into the physics of the agent is not, we are told, necessary to its application. Given a knowledge of the first principles of electrical phenomena, the practitioner is in a position to use the agent intelligently and to obtain good results.

All credit is given to Apostoli, of Paris, whose tireless enthusiasm has at length aroused the profession to the real utility of electricity, when applied in a scientific manner. The indefatigable Engelmann has ably seconded the foreign worker, and has given to the profession the fruits of much exact research.

The foundation stone of the new medical electrology is the galvanometer or milliampèremeter, by which the strength of currents is definitely measured. By its aid the agent is administered, so to speak, in exact doses, and a perfection in its application is attained, which, under the old hap-hazard method, was impossible. The tendency at present is toward the use of very strong currents: while currents of over 20 milliampères were but recently thought excessive. Engelmann informs us that he now uses, in suitable cases, as high as 200 milliampères. (p. 307.)

We believe that Grandin has furnished, in a comparatively small space, all the information which will be required to apply electricity to the diseases of women, after the latest methods.

VOLUME VIII, DISEASES OF THE OVARIES. By DR. A. OLSHAUSEN, Professor of Obstetrics and Gynecology at the University of Halle. Thirty-six fine wood-engravings. New York: William Wood & Company.

Without attempting to outline this classical treatise, we will call attention to some points in which the author's practice differs from that usually advised in this country.

Scrupulously exact peritoneal toilette has, he says, since the introduction of antiseptics, become less necessary. Pieces of tissue, and clots which are visible without much exploration, will be removed; but perfect cleansing of the peritoneal cavity has its dark sides. Its dangers are shock from prolonged operation and from manipulation of the intestines, torsion from displacement of a loop of the intestines, and, finally, increased risk of infection. Of course, substances which are in themselves irritating must be removed with the greatest care. (p. 265.)

The writer, also, "earnestly protests" against flooding the peritoneum with large quantities of fluid. His experience seems to be drawn from cases in which antiseptics, such as thymol, were added to the water used. The evidence adduced in current medical literature in favor of cleaning the abdominal cavity by pouring in warm, and in cases of shock or collapse, very hot water, seems almost irresistible.

Martin's plan of drawing the intestines outside of the cavity in ovariectomy is mentioned with disapproval. We happened to watch an easy laparotomy in which, through some bungling in the administration of ether, the patient strained violently several times, with the effect of forcing out large masses of intestines. The pulse ran quickly from 100 to 180 and became very weak, changing in character and frequency as the intestines were alternately replaced and displaced, in such a manner that the position of the intestines could be recognized by merely noting the pulse.

Exploratory incisions do not seem to be resorted to as frequently as by Thomas, Tait, Price, and others. (p. 176.) The interval which has elapsed since the appearance of the original work has, doubtless, brought about an important change in this respect.

Probably the course pursued by O., when he finds it impossible to complete the operation, will seem novel to the American surgeon. He removes as large a portion of the tumor as possible, cleans the cavity and closes the abdomen. As a rule patients recover without reaction. Of eight cases, but one died. "There is no danger of sepsis or peritonitis, if the operation is performed antiseptically." (p. 286.) Here most, if not all, of our best operators stitch the remains of the sac to the edges of the abdominal wound and drain.

Drainage is discarded by our author. "The last two patients who were treated with drainage died of septicemia. Since then septicemia has not occurred among 124 operations," though many of them were very unclean. (p. 267.) Here, the discrepancy between O. and the foremost English and American surgeons, is, simply, irreconcilable.

Such observations as these certainly indicate that we have not yet in America arrived at that perfection of antiseptic detail commonly attained in Germany, even in the large general hospitals.

VOLUME XI, containing: "Sterility; Developmental Anomalies of the Uterus," by P. MÜLLER, M. D., Professor of Obstetrics and Gynecology at the University of Berne; and, "The Menopause," by E. BORNER, M. D., Professor of Obstetrics and Gynecology at the University of Graz. With fifty-nine fine wood-engravings. New York: William Wood & Company.

While, from the nature of the subjects treated, this volume will not perhaps prove of absorbing interest, yet the field has been conscientiously cultivated.

The treatment of sterility will always be of importance to the physician, and here Müller is unusually brilliant. Sim's method of artificial impregnation receives a dubious adhesion. Its dangers are those common to intra-uterine injection and can all, with caution, be obviated. Explicit rules are given for the operation, and we are warned not to inject the uterus with gonorrhœal matter instead of semen, as happened in a case treated by Fritsch. (p. 169.)

VOLUME XII, containing: Diseases of the Tubes, Ligaments, Pelvic Peritoneum and Pelvic Cellular Tissue; Extra-Uterine Pregnancy, by L. BANDL, M. D., Professor of Obstetrics and Gynecology at the University of Prague; and Diseases of the External Female Genitals; Lacerations of the Perineum, by P. ZWEIFEL, M. D., of Erlangen. With one chromo-lithograph and eighty-eight fine wood-engravings. New York: William Wood & Company.

The book opens with a very complete chapter on diseases of the tubes. In treating of the entrance of fluid into the tubes, Späth's case is given. A woman, who had been confined ten weeks before, gave herself vaginal injections containing acetate of lead, for ten days, in a crouching position, with a fountain syringe. At eleventh injection, intense pain and fainting; 74 hours later, death; autopsy, masses of sulphate of lead scattered over serous surfaces as far up as umbilicus.

B. speaks favorably of Braun's syringe for injecting the

non-puerperal uterus, without previous dilation. He uses from one to five drops, and stops as soon as the uterus contracts: this is shown by its grasping the syringe-tube firmly, "so that it can only be moved by the exertion of considerable force."

Bursting cysts are believed to be frequently tubal in their origin. The work of our own Goodell is not mentioned in this connection.*

The certain diagnosis of hydrosalpinx, our author writes, is rarely possible. So rapid has been the progress of gynecology, that we are not afraid to assert that a positive diagnosis of this condition is *now* made daily in this country, by hundreds of practitioners, and that by most of them very little importance is, as a rule, attached to a moderate degree of distension of the tubes by a bland fluid.

In view of some recent remarks by Kelly, of Philadelphia, it is interesting to note that B. decides against attempts to sound the tubes, on account of the danger of perforating the uterus. This accident and its effects are described, and the extreme case with which the sound may be made to go through the uteri of recently delivered women pointed out. No bad effects are mentioned in the reported cases. We suspect that the untoward cases have not been reported, as in two instances in which we perforated the uterus within the first month after labor, in attempts to remedy retroflexions, sharp but transient pelvic peritonitis followed. Since then, we have carefully abstained from sounding for at least three months after confinement.

Frankenhäuser, we are told, has often succeeded in pressing the contents out of tubal sacs. Such manipulations are dangerous; in fact, now, the least dangerous treatment seems to be to extirpate such tubes as are giving real trouble.

Extra-uterine pregnancy is dealt with in a manner commensurate to the importance of the subject. Shall we operate in cases where the sac has ruptured and the woman is dying of hemorrhage? B. says "operate," but in a case where the opportunity presented acknowledges that he declined to do so. While it may be very easy to answer this question in the

* Trans. American Gynecological Society, 1881, p. 226.

study, yet it strikes us that at the bedside of a collapsed and gasping patient it is one of the most difficult and painful in gynecology. Would not simultaneous transfusion and laparotomy by two operators solve the riddle?

In the chapter on diseases of the ligaments, cases are given showing the ease with which an inflamed hydrocele of the round ligament, attended with vomiting, may be mistaken for a strangulated hernia. Fortunately, a competent man would not hesitate to operate in either case.

Hematocele is believed to be most frequently caused by coition during menstruation. Unless this disease is seen in its incipency, it seems impossible to make a certain diagnosis. Thus a physician walking the London hospitals tells us that one famous teacher never has any cases of hematocele, but many of perimetritis, while the reverse is true of another equally famous.

Zweifel's treatise is adorned with a beautiful chromo-lithograph of the Hottentot apron, which he shows is due to hypertrophy of the nymphæ. Among the curious facts mentioned in the chapters on anomalies of the external genitals, may be cited the customs of some African tribes of fastening the enlarged clitoris by a ring to the perineum, or of sewing the freshened labia of young girls, as guarantees of virginity. The existence of true hermaphroditism in the human race is considered doubtful: the whole question hinges on the microscopic structure of the bodies which have been called ovaries or testicles, according to gross appearances, which, when these organs are undeveloped, the author considers, are very apt to mislead.

The discovery of the gonocœcus does not seem to have had much influence on the treatment of gonorrhœa: nitrate of silver solutions are still advised. Where the disease lingers in the vulvo-vaginal duct, the canal is first slit by a knife, such as is used for the lacrymal duct.

Hematoma of the vulva, if larger than a hen's egg, Z. treats by free incision and ligature of the vessels, with rigid anti-septic precautions. It seems high time that expectancy, entailing such wearisome confinement, not to speak of danger to life, should be abandoned by everyone in this accident.

Concerning those intractable diseases, elephantiasis and

lupus, it is said that a number of observations have established the fact that recovery has frequently followed attacks of erysipelas.

Lacerations of the perineum to the third degree, we are told, ordinarily occur during operative interference, yet the obvious warning to remove the forceps as soon as the perineum is distended is unfortunately not given.

After the operation for complete rupture of the perineum the bowels should not be constipated, but should rather be kept fluid by the administration of gentle laxatives (p. 336). This, together with the awkward operative procedures followed, may account for frequent failures noted in German surgical literature.

In concluding the inadequate notice of these volumes, we cannot but congratulate the American reader on the ready access now afforded to the valuable results of German skill and toil.

A SURE CURE FOR SEA-SICKNESS.—It is antipyrine this time. Dupuy, who claims that sea-sickness is most common in those suffering from dyspepsia or dilatation of the stomach, has given antipyrine successfully in eleven cases, in doses of two or three grammes daily for a few days before embarking.

Now that we have so many cures—the bromides, cocaine, champagne, strychnine, atropia, capsicum, lemons, embarking with the stomach empty, embarking with the stomach full, lying quietly on the back, walking on deck as much as possible, keeping the viscera quiet by binding a pad over the abdomen, and last, but not least, allowing yourself to hang head downward out of your berth—it is to be hoped that sea-sickness will soon be a thing of the past.

NATURAL HISTORY NOTE.—The brain of an elephant is somewhat larger than that of a man, but the trunk of an elephant is considerably smaller than that of a woman.

MEDICAL MEN OF SOUTHERN CALIFORNIA.—The subscriber, a physician of 18 years (a graduate), wants to correspond with any brother physician needing an assistant in private practice, or in the management of a Sanatorium or other Medical Institution, or one wishing to include a specialty as rectal diseases. (Object, immediate income in some way.) References exchanged. Address, at once, Box 435, Matteawan, New York.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION, FOR DECEMBER, 1887.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.

Los Angeles, California.

Month of December, 1887.

DATE	MEAN BAROME- TER.	TEMPERATURE			Precipitat'n in inches & hundreths	SUMMARY.
		MEAN	MAX	MIN.		
..... 1	30.08	52.0	59.0	43.8	.14	Mean Barometer 30.064.
..... 2	29.89	54.3	61.2	47.5	.64	Highest Barometer, 30.252, date 15
..... 3	30.06	53.7	61.5	43.3	.00	Lowest Barometer, 29.815, date 2
..... 4	30.15	56.3	64.8	47.3	.00	Monthly Range of Barometer, .437
..... 5	30.10	52.7	63.1	44.3	*T	Mean Temperature 53.7.
..... 6	30.18	53.7	64.8	42.5	*00	Highest Temp'ture, 73.2, date 10.
..... 7	30.14	58.0	71.5	45.2	.00	Lowest Temperature, 35.2, date 20
..... 8	30.08	54.7	66.0	39.5	.00	Monthly Range of Temperature 38.0.
..... 9	30.07	55.3	67.0	40.8	.00	Greatest Daily Range of Temper- ature, 35.2, 17th.
..... 10	30.02	59.7	73.2	45.2	.00	Least Daily Range of Tempera- ture, 12.8, 29th.
..... 11	30.17	58.3	70.0	43.3	.00	Mean Daily Range of Tempera- ture, 21.1.
..... 12	30.05	56.7	68.8	47.0	.00	Mean Temperature this Month
..... 13	30.03	63.7	71.0	50.1	.00	1879..51.9 1882...56.4 1885..57.9
..... 14	30.13	59.3	66.0	53.1	.00	1880..55.6 1883..56.3 1886..55.7
..... 15	30.21	55.0	66.0	43.7	.60	1881..51.8 1884..52.3 1887..53.7
..... 16	30.08	55.3	68.0	45.7	.00	Mean Daily Dew Point, 44.9.
..... 17	29.97	55.0	72.0	36.7	.00	Mean Daily Relative Humidity, 74.3.
..... 18	29.96	51.3	64.2	35.2	.00	Prevailing Direction of Wind N E
..... 19	30.11	51.3	59.2	43.3	*T	Total Movement of Wind, 4792 miles.
..... 20	30.06	51.0	63.8	35.2	*01	Highest Velocity of Wind and Direction 37, E
..... 21	30.11	53.0	60.0	43.6	*T	Total Precipitation 2.68.
..... 22	30.18	47.7	59.9	36.2	.00	Number Days .01 inches or more Rain Fell, 4
..... 23	30.22	50.7	61.0	37.3	.00	Total Precipitation (in inches and hundredths) this month
..... 24	30.11	49.0	59.0	38.3	.00	1879..6.53 1882... .08 1885..1.65
..... 25	29.99	50.0	59.0	40.1	*T	1880..8.40 1883..2.56 1886... .26
..... 26	29.94	50.3	58.5	38.3	*T	1881... .52 1884..4.65 1887..2.68
..... 27	29.92	51.7	61.0	42.3	*T	Number of Foggy Days, none.
..... 28	30.00	51.7	57.7	40.3	*T	" " Clear " 21
..... 29	29.91	53.7	61.0	43.2	1.77	" " Fair " 7
..... 30	29.97	51.8	58.3	45.2	.12	" " Cloudy " 3
..... 31	30.13	48.3	57.0	37.3	.00	Dates of Auroras, none.
						Dates of Solar Halos, 6, 15.
						Dates of Lunar Halos, 3d.
						Dates of Frost—Light, 8, 9, 10, 17, 18, 24, 26, 27, 30: Killing, 20, 22, 23.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

The T indicates trace of precipitation.

GEORGE E. FRANKLIN,

Sergeant Signal Corps.

NOTES: Barometer reduced to sea level and standard gravity.

BISHOP KEENER thinks that Charleston was the site of Eden. Dr. Kurtz thinks it was somewhere in Southern California, but says that, if it was near Charleston, there is no difficulty in understanding how our first parents were *shook*.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. III. LOS ANGELES, CAL., FEBRUARY, 1888. No. 2.

ORIGINAL.

COUNT TOLSTOI ON THE RUSSIAN PHYSICIAN.

THE writings of this Russian nobleman—to-day virtually the prime minister of that immense empire—have been a great revelation to the outside world. While they deal with the sins and crimes of that land, yet they reveal an upward, healthy tendency that will in time, doubtless, be irresistible. The record of sin, crime and poverty of Moscow that he exposes is no worse than the history of any great European city would reveal.

He is to-day the greatest living novelist, yet his most noted writings are those containing his views of man's duty as a member of society. He is immensely rich, yet he devotes a part of every day to manual labor. A recent visitor to his estates found the Count wearing "heavy calf-skin shoes, loose, almost shapeless, trousers of the coarse home-spun linen of the Russian peasants, and a white cotton undershirt without collar or neckerchief. He wore neither coat nor waistcoat, and everything he had on seemed to be of domestic manufacture. In the evening the Count brought in a large lap-board, an open box, or tray, containing shoemaker's instruments or appliances, and an unfinished pair of shoes, and begun to put on a heel."

His doctrine is that the professional man, by devoting four hours daily to manual labor for some poor peasant, will not only do a charitable act but will have a clearer mind and healthier body for his own work.

In a recent work, "**What to Do,*" he arraigns the medical profession of Russia as follows:

"In a still worse predicament is the physician. His fancied science is all so arranged, that he only knows how to heal

* T. Y. Crowell & Co., New York.

those persons who do nothing. He requires an incalculable quantity of expensive preparations, instruments, drugs and hygienic apparatus.

"He has studied with celebrities in the capitals, who only retain patients who can be cured in the hospital, and who, in the course of their cure, can purchase the appliances requisite for healing, and even go at once from the North to the South, to some baths or other. Science is of such a nature, that every rural physician laments because there are no means of curing working-men, because he is so poor that he has not the means to place the sick man in the proper hygienic conditions; and at the same time this physician complains that there are no hospitals and that he cannot get through with his work, that he needs assistants, more doctors and practitioners. What is the inference? This: that the people's principal lack, from which diseases arise, and spread abroad, and refuse to be healed, is the lack of means of subsistence. And here science, under the banner of the division of labor, summons her warriors to the aid of the people. Science is entirely arranged off the wealthy classes, and it has adopted for its task the healing of the people who can obtain everything for themselves; and it attempts to heal those who possess no superfluity, by the same means. But there are no means, and therefore it is necessary to take them from the people who are ailing, and pest-stricken, and who cannot recover for lack of means. And now the defenders of medicine for the people say that this matter has been, as yet, but little developed. Evidently it has been but little developed, because if (which God forbid!) it had been developed, and that through oppressing the people, instead of two doctors, midwives and practitioners in a district, twenty would have settled down, since they desire this, and half the people would have died through the difficulty of supporting the medical staff, and soon there would have been no one to heal.

"Scientific coöperation with the people, of which the defenders of science talk, must be something quite different. And as this coöperation which should exist has not yet begun, it will begin when the man of science, technologist or physician, will not consider it legal to take from the people—I will not say a hundred thousand, but even a modest ten thousand, or five hundred rubles for assisting them; but when he will live

among the toiling people, under the same conditions and exactly as they do, then he will be able to apply his knowledge to the questions of mechanics, technics, hygiene, and the healing of the laboring people. But now science, supporting itself at the expense of the working people, has entirely forgotten the conditions of life among these people, ignores (as it puts it) these conditions, and takes very grave offense because its fancied knowledge finds no adherents among the people. The domain of medicine, like the domain of technical science, still lies untouched. All questions as to how the time of labor is best divided, what is the best method of nourishment, with what, in what shape, and when it is best to clothe one's self, to shoe one's self, to counteract dampness and cold, how best to wash one's self, to feed the children, to swaddle them, and so on, in just those conditions in which the working-people find themselves—all these questions have not yet been propounded.

“The same is the case with the activity of the teachers of science—pedagogical teachers. Exactly in the same manner science has so arranged this matter that only wealthy people are able to study science, and teachers, like technologists and physicians, cling to money.”

SAN BERNARDINO AND VICINITY.

BY B. D. COLLINS, M. D.

SAN BERNARDINO has been modest and retiring; for years past she has remained in the background, and has allowed, by her silence and inaction, sister cities and towns of less, and certainly none of greater, natural gifts to proclaim their worth and rise into notoriety, while she has remained almost unknown, and when called to mind has been so, as a small Mormon settlement. A lady years ago truthfully called it the Eden of California. Nature certainly used no sparing hand when she held her cornucopia over our valley; man, sad to say, heretofore has done but little.

Until within the last two years San Bernardino has been asleep; now, she is waking from her long slumber and beginning to realize the many facilities she has to become great.

No scheme of man has aided her advance; nature's own fair gifts, alone, insure her prosperity.

Picture a fair valley 1,073 feet above the sea, bountifully watered, not alone by pure mountain streams, but also by hundreds of artesian wells, from whose mouths gush streams varying from three to seven inches in diameter; the largest of which having a flow of 150 miner's inches.

This lovely valley is surrounded by foothills, backed by high mountains. Those on the north and east forming a wall from 6,000 to 7,000 feet in height. Mount San Bernardino guards the pass to our valley; on the east old Gray Back raises his hoary head 11,600 feet—he wears a perpetual crown of sparkling snow; to the south and east we have the San Jacinto range, and in the south and west the Temescal mountains. Often in winter the sun glistens on a hundred snow-clad peaks, while around our homes in the valley the orange, citron and lemon hang in great golden clusters and the air is laden with the fragrance of roses and orange blossoms. From our sheltered homes, bathed in sunshine, we can watch the storm-cloud and drifting snow on the mountains. Severe cold is unknown. True, we have a few chilly days, but our Eastern visitors tell us they are just comfortable.

Our spring is lovely beyond description: a drive of two or three miles brings one to an immense bed of wild flowers, of all colors, stretching as far as the eye can see, all over the plains and up the low foothills; here we tread upon a floral carpet of nature's own weaving; beautiful orchards and groves of fine shade trees are found on every side.

Summer is warm, but seldom oppressively hot. Autumn is exceedingly pleasant.

The city of San Bernardino is one mile square. Certainly, the Mormon elders who planned the town deserve credit: it is laid out in squares of about eight acres each; the streets are wide and run parallel north and south, east and west.

The city contains about 5,000 inhabitants, and the outlying country for a number of miles is quite thickly settled.

The Stewart Hotel, recently opened, is one of the largest and most elegant hotels in Southern California. Our public-school buildings will compare favorably with any. We have churches

of almost every denomination ; the Methodist Episcopal, now being raised, will cost nearly \$20,000. Our opera house is fine. The County Hospital, a \$20,000 building, meets the eye of the traveler on the A. T. & S. F. R. R., as the train rounds the last curve before reaching the depot ; it is finely located both for scenery and health. Beautiful homes may be seen on almost every street.

We have a motor-road and a line of street horse-cars. The city is lighted by electric lights. We are on the line of the A. T. & S. F. R. R. system. The Southern Pacific will soon have a depot in our city.

The Arrowhead Hot Springs lie about six miles north of town, and have an altitude of 2,000 feet ; the name is owing to a peculiar blaze on the mountain side resembling an Indian arrow-head. The hotel situated there is equipped with all modern conveniences, and will accommodate about 150 guests. Fancy finding every modern luxury in the midst of wild mountain cañons !

Old San Bernardino (originally an old Spanish mission), also about six miles from the city, can boast with justice of fine orange groves and lovely homes ; wealth, taste and nature have here combined to make a beautiful section of country. About eight miles from San Bernardino lies Redlands. The place is growing rapidly, and within the last nine months a town of many brick buildings has sprung into existence. Citrus fruits and fine residences may be seen on every side. The growth of this town reminds one of the myth of " Cadmus."

Adjoining Redlands, on the north, is Lugonia. Here we find an elegant hotel, good schools and a fine church. This place is making rapid strides toward a prosperous future.

About three miles to the east of Lugonia we come to Craf-ton. This place has long been noted as a health resort, especially for consumptives ; certainly its situation is lovely. All that is needed here is a hotel.

Highlands is another addition of fair views, good air and pure water ; lying right at the base of our northeastern foothills, and gradually sloping toward the south. From this point the whole valley is under the eye of the observer ; here we also find the orange, citron, lemon and many other fruits

and cereals in perfection. A beautiful spot for suburban residences.

Owing to the dryness of the atmosphere, we feel no enervating effects from the summer's heat. Sunstroke is unknown. The air is invigorating, and our nights are cool and refreshing.

Our climate is adapted to relieve all chronic pulmonary diseases, and is the home par excellent for the consumptive.

Three years ago I came here suffering from pulmonary phthisis; three of the best physicians in the East—one, Professor Rochester of the Medical Department of the University of Buffalo—advised me to leave my home at Suspension Bridge, N. Y., and seek health in the West. I decided to try Southern California, and finally located in San Bernardino. Now I am strong and healthy, and able to attend to my duties night and day—frequently being out two or three nights in succession, driving miles into the country, winter and summer. My case is typical of many that have come under my personal observation.

In choosing a home, climate is of more importance than anything else. Wealth and skill can change much; but *climate* is unchangeable. Man can do much; but climate is beyond his reach, and remains either to bless or to curse as it suits his condition; *here*, it is an unalloyed blessing.

Thinking it may be of interest to those whose eye may chance to fall on this article in the East, I append the following table of rainfall and thermometrical variations; although not complete, it is the best I can obtain:

STATISTICS, 1886 AND 1887, OF SAN BERNARDINO, CAL.

	1886.		1887.	
	HIGHEST TEMP.	LOWEST TEMP.	HIGHEST TEMP.	LOWEST TEMP.
January	71.1	43.7	78	45.1
February	69.7	36.9	67.4	33
March	82.6	39	79.8	37
April	85	40.9	87	39.8
May	89	44.7	90	55.6
June	91	57	100	65
July	103	55.7	102	67
August	100	65	106	69
September	92.6	57.1		
October	70	54.2		
November	69.9	49.6		
December	70	39.1		

RAINFALL IN MONTHS.

	1883	1884	1885	1886	1887
January .....	.84	.77	2.90	2.24	.93
February.....	12.00	..	2.00	1.98	1.99
March.....	6.20	.03	1.87	1.75	2.40
April.....	2.56	2.12	1.3	.09	.56
May.....	2.11	.20	.40	..	..
June.....	..	..	..	..	..
July.....	..	..	..	..	..
August.....	..	..	..	..	..
September.....	..	..	.03	..	..
October.....	.92	.14	1.45	.12	..
November.....	.82	.15	1.56	2.00	..
December.....	1.04	2.80	.10	.84	..

*EARACHE IN CHILDREN AND ITS TREATMENT.

BY W. D. BABCOCK, A. M., M. D., LOS ANGELES, CAL.

EARACHE and its cure is not given the attention its importance demands; in his hurry the practitioner suggests a few simple means to relieve, and dismisses the case from his mind. By earache I mean the conditions described as acute catarrhal and acute purulent otitis. Clinically as we see them, they cannot well be differentiated, and are only differentiated by the severity of the symptoms; it being in most cases catarrhal if no perforation takes place, and purulent if it does take place. The great number of old suppurative cases of otitis, or running-sore ears, with their consequences, should arrest our attention and make us inquire as to the cause. In the greater number of cases these consequences, annoying and severe as they are, can, by a timely interference in acute ear troubles, and with an intelligent understanding of the parts implicated and the use of the means at our hands for their relief, be prevented. In uterine life, all observations go to show that the middle ear is easily affected by disturbances in nutrition and circulation, and that in the first few years of a child's life the anatomical configuration of the parts favor middle ear troubles.

"In children the dura mater and the tympanic mucous membrane are in much more intimate connection than in adults. Along the roof of the tympanum and antrum mastoidium runs the dividing line between the petrous and squa-

* Read before the Los Angeles County Medical Society, February 3, 1888.

mous portion of the temporal bone. This suture, like all the sutures of the skull, is more open in early life, * * * and at this age the dura mater, covering the roof of the tympanum, projects into this open fissure, and gives off, downward, a marked band or process of tissue, through which there is a marked connection between the dura mater and mucous membrane of the middle ear. This connection is not by vessels only, but by the tissue itself." Through these connections disturbances of nutrition and circulation can be easily transmitted from the ear to the brain, or brain to the ear, and are so transmitted much oftener than we are aware of, I believe. The mucous membrane, skin and lymph gland elements are strongly developed in childhood. The opening of the eustachian tube into the naso-pharyngeal cavity, the lining membrane of this cavity, with its numerous blood vessels and its glandular tissue, particularly that rich cluster called the pharyngeal tonsil—all these favor trouble in the middle ear, in the exanthemata; and it is in these troubles the exanthemata that by far the larger proportion of serious ear troubles begin.

In the various continental hospitals, where post mortems are held upon young children who have died from various diseases, different observers have reported that from forty to seventy per cent of the tympanic cavities contained pus. These facts are enough to arrest our attention, and should make us more careful in the care of children's ears in ordinary earache and in the exanthemata. "So important is the proper attention to the ears during and after the diseases just referred to, that the physician who treats such cases, and neglects to give this attention, cannot be said to perform his duty to his patient."

So wrote Dr. Clark, of Boston, twenty-five years ago. It is none the less true to-day. The external meatus in a child under three years is about three-quarters of an inch long—a little longer on the floor than on the roof. The tympanum is much nearer the horizontal plane than in adult life. This makes the tympanum in children much more difficult to see than in adults. In appearance it is more like the skin, lacking the clear, pearly, glistening look of the adult; secretion behind the membrane is difficult to see, on account of its slanting position.

In children we are often "put to it" to make a diagnosis of earache, as we have mainly to deal with objective signs. The first thing that would attract our attention is the crying. It is loud, of long continuance, and the cry has been likened to that of intestinal trouble or acute meningeal trouble.

In earache there is no let up in the crying; it often lasts for hours, the child becoming completely tired out and hoarse. In lung bowel and meningeal trouble the crying is not continuous. The child refuses to lie upon the affected side. This is an important sign. This is on account of the congestion and swelling both in the eustachian tube and the tympanic cavity, as this, the congestion, etc., would increase if the affected side was lowest.

The hand of the little sufferer attempts to find its way to the ear. It is restless, but attempts to hold the head quite still. The agony increases with all quick movements, affecting either the naso-pharynx or head. Nursing will, in most cases, increase the pain.

The child after several attempts, which produce pain, refuses the breast or bottle and may take nourishment, by the spoon, when given slowly. The pain or agony is frequently only at night, and then several nights in succession. The distress is less when the patient is quiet and warm, with warm, moist applications to the ear, and is increased by cold and noise.

The trouble is generally the result of a cold, or exanthemata, and at first is confined to one ear.

"These cases," says Burnett, and I agree with him, "are primarily and emphatically tubal catarrh, with more or less hyperæmic swelling of the lining mucous membrane of the tympanic cavity."

The pharynx, in most cases, shows the usual congested appearance that we see in colds, but in some cases the post-pillar of the pharynx or the salpingo-pharyngeal fold, which passes down from the eustachian orifices to where it becomes lost upon the post-wall of the pharynx is inflamed. The drum membrane becomes dull, lusterless—reddish lines of vessels appear. If the secretion is abundant the membrane bulges at its posterior part. All these appearances can be seen by reflecting the light into the ear with the ordinary plain hand-mirror that can be found in most every house.

In most cases directly behind the auricle will be found

swollen glands close to the bone. At times there is a sensitive swelling in front of the ear. If the trouble comes from the throat swollen glands will be found on the side of the neck between the angle of the jaw and mastoid process, and pressure there inward and downward will give severe pain.

The diagnosis in children between acute ear and meningeal troubles is oftentimes difficult.

Steiner, referring to children between five and ten years old, states that in sixteen cases of so-called cerebral pneumonia, in his opinion, the chief cause of brain symptoms was a purulent inflammation of the tympanic cavity, and that the brain symptoms disappeared like magic on the perforation of the drum membrane. Among the chief symptoms which were in variable intensity until pus appeared in the meatus, he names vomiting, somnolence, alternating with great restlessness, delirium, expression of great pain in the head, dulled intellect or complete loss of consciousness.

Von Troltsch says, "There can scarcely be any doubt that these phenomena of pressure upon and irritation of the central nervous symptoms, which constitute the cerebral symptoms with acute otitis media, may easily mislead the physician, and also obscure the peculiar aural symptoms, such as deafness, earache and tinnitus. If all the specific symptoms referable to the ear are wanting, and the symptoms which are present resemble those of intracranial disease, the diagnosis of acute otitis media may be extremely difficult in children who are unable to talk or who are in a state of stupor, so long as no pus can be recognized behind the drum membrane or in the meatus. The existence of some complication, as a nasal or pharyngeal catarrh, an acute exanthema, or a pneumonia, would frequently lead one to suspect disease of the ear, and this * * * would lead to the trial of such medication as would assist in the evacuation of secretion from the naso-pharynx and from the middle ear. * * * The symptoms of pressure and irritation produced by the tympanic secretion would certainly be diminished if care was taken that a part of the inclosed muco-pus could escape through the eustachian tube. Such attempts are the more to be advised as they will do no harm, even if there be no disease of the ear." If, after using the means at our hands, the temperature and fever fall, dullness and irritability diminish, and especially if the sensorium

and hearing are clearer, there can be no longer any doubt that the middle ear is at fault.

If we watch carefully the ears in all the acute inflammations of the nasal and pharyngeal mucous membranes, and particularly in the exanthemata, diphtheria, croup and pneumonia, we would see many very fewer cases of chronic ear troubles and fewer deaf mutes. The prognosis in most cases of acute ear troubles is favorable, if the diagnosis is early made. If the inflammation continues long, there is great danger of the trouble extending along the blood vessels to the dura mater, or rupture of the delicate membrane covering the oval or round windows, or by an extension of the inflammation to the labyrinthian centers. Perforation is not a bad ending when the trouble is a question between ear and cerebral trouble. The latter passes away almost immediately on perforation. In many cases the mucous seems to pass to the throat, out through the eustachian tube, which is larger in proportion in children than in adults, and more patulous, and dissections show that in children perforation is exceptional. This should impress upon us the necessity of keeping the nasal passages and naso-pharynx clear.

For treatment, if we can see the case at or near its beginning, one or two leeches applied near the external meatus will, in many cases, relieve the pain and make all the symptoms lighter. The leeches should be applied at different places, depending upon the seat of pain. According to Wilde and v. Troltsch, however, local bleeding can exert an influence upon the blood supply of the tympanic cavity only when the operation is performed in the anterior region of the ear, close in front of the tragus, because the veins which perforate the membrana tympani extend in the lining membrane of the external meatus, along its anterior superior wall, and discharge in front of the tragus into the anterior facial vein.

The leeches can be applied to the mastoid when there is pain there on pressure, as it can be assumed in such a case that the inflammation has involved the mastoid cells. This occurs, however, most often in acute attacks in chronic cases. This, with repeated instillations of hot water, will relieve most cases. Warm and moist applications are to be made around the ear, not over it. Oil or glycerine should not be used in the ear, Inflation of the eustachian tube is always indi-

cated if the pain has continued for more than a day, because, as Burnett says, most of the cases begin as tubal catarrh. In children this is easily done with a simple rubber tube, inserting one end in a nostril, and, when the child is crying or struggling, blow pretty strongly into it. In most cases you can know the tube is open, by seeing the child raise its hand to its ear. But in most every case the post-nasal space and the nostrils demand careful attention. By keeping these clean and free from mucous the breathing and swallowing will be easier, and during these movements the eustachian tube will be more apt to open and close, and this muscular action will help to empty it of any exudate that may be in it. This cleaning can be easily done, now that we have a splendid helper in cocaine. By applying a weak solution of cocaine to the nostrils, either by a spray or feather, we contract the mucous membrane, open the nostrils, thus allowing the collected mucous to come away more easily. After the cocaine is used, an application of an alkaline solution will remove the remaining mucous. To prevent too great reaction after cocaine, vaseline is the best thing I know of. A feather to apply all of these will do the work as well as the most expensive instruments. The vapor of chloroform blown in the ear will oftentimes give relief. A pipe can be used for this. With the external use of opium and atropine I have had no success. Internally morphia or chloral hydrate, in proper doses, are to be given if pain is severe.

237 South Spring street.

CHARMING AWAY WARTS.—“In visiting a country asylum, some years ago,” writes Dr. Luke, “my attention was directed to several of the patients and nurses who were pestered with warts, and I solemnly charmed them away within a specified period. I had quite forgotten the circumstances until, on revisiting the institution a few months after, I found that my practice had been followed by the desired effect, and that I was regarded as a real benefactor.”

A MAN who has just lost his mother-in-law, to her inconsolable daughter: “You must remember, my dear, that she was very old and——” “Yes; but she always used to say that she would live a hundred years.” “Oh! she only said that to make me angry.”

SELECTED.

CHINESE DRUG STORES IN AMERICA.*

NOT the least interesting feature of the Chinese quarter in our American cities are the drug shops which these conservative people have established for the sale of their native drugs in connection with their general stores.

These shops reduplicate the herbalists' shops of Hong Kong, and their native villages. They are usually conducted by a separate company from that of the store with which they are associated, and their supply of drugs arranged on one side of the shop, apart from the other wares. The sign of the company, a green or black tablet with the felicitous name invariably selected for such enterprises, inscribed in gilded letters, is suspended within the shop.

The drugs, such as are frequently called for, are contained in boxes or drawers ranged in tiers behind the counter. These boxes are usually divided into four compartments, and their contents indicated by neatly written labels of red paper, or sometimes, in lieu of labels, a tablet is suspended in front of the shelves, upon which appears a plan of their multitudinous contents. Powders are kept in tin or brass boxes in a drawer beneath the counter; a series of bottles contain nuts and mineral substances; while poisons, and some of the more rare and valuable drugs, are dispensed from a locked case with glass doors. Piled high above the cases are innumerable packages, each with the name of its contents written on the projecting end, which constitute the reserve supply of drugs, or contain barks and herbs seldom called for by the practitioners here. Space will not permit any extended reference to the *materia medica* of China, of which almost a complete collection may be found in the stores we have described. It is popularly known to us through the accounts of travelers, as grotesque and childish, composed of "dragons' bones" and scorpions, snake skins and melon seeds, and substances selected more on account of their scarcity and curious origin than for any medicinal virtues they may possess. The results of such

* American Journal of Pharmacy. Read before the Philadelphia College of Pharmacy at the Pharmaceutical Meeting, November 15, 1887.

observations as have been made by competent foreign scholars are contained in transactions of learned societies and books generally inaccessible to American students, but they go far to show that many of their drugs are not without great value, a large number of them, in fact, nearly identical with those of our own pharmacopeia, and that many important discoveries have resulted from the centuries of experiment upon which their practice of medicine is founded.

Nearly all of the medicines in general use here, with a few important exceptions, are of vegetable origin and consist of nuts, berries, roots, barks and herbs. The subjoined list, furnished by a Chinese physician in Philadelphia, contains the names of the ten drugs he considers valuable, if not indispensable, and gives some idea of the substances actually employed in their practice :

Ching fong tong. The root of a plant.

Ho Shau Ū. Root of *Aconitum Japonicum*.* From Szechuen province.

Tai tong kwai. Root of *Aralia edulis*.† From Szechuen province.

Hung kwo kí. Fruit of wild *Berberis Lycium*.‡ From Szechuen province.

Ch'ün tò chung. The outer bark of a tree. From Szechuen province.

Pak k'í. A kind of lung wort.||

Ch'ün kung. "Nodular masses consisting apparently of the rootstock of some umbelliferous plant allied to angelica."§ From Szechuen province.

Kòm ts'ò. Liquorice root.

Wái shán. The root of a water plant.

Pák shut. The root of *Atractylodes alba*.¶ From Szechuen province.

The medicines are all imported from China, either from Hong Kong or Canton, and reach here in their crude state, the herbs and barks in large pieces, and the tubers and roots usually entire. It is customary to cut the former in small

* Daniel Hanbury, *Science Papers*, London, 1876, p. 258.

† *Ibid.*, p. 260.

‡ Catalogue of the Chinese Customs Collection at the International Exhibition, Philadelphia, 1876. Shanghai, 1876, No. 3886.

§ S. Wells Williams. *A Tonic Dictionary of the Chinese Language*. Canton, 1856, p. 153.

¶ Hanbury, p. 260.

¶ Customs Collection. No. 4082.

pieces, and slice the latter in delicate segments, before placing them in the drawers and boxes for sale. A large cleaver, *yeúk ts'oi k'ap*, mounted with a hinge upon a slightly inclined table, is employed to chop the grasses and herbs in convenient lengths, while the tubers are sliced upon an instrument resembling a carpenter's plane, *yeúk p'ò*, inserted in a long bench upon which the operator sits, the pieces falling through upon a tray placed beneath. A canoe-shaped mortar of cast-iron, *yeúk shün*, is employed to reduce some of the more refractory nuts and minerals to powder. It stands upon four legs, and a heavy disk of iron is rolled backward and forward within it by means of a wooden axle to which the operator applies his feet, while his hands are free to perform other work.

The clerks who dispense the medicines have usually had some experience at home. They are paid from twenty-five to thirty dollars per month, with their board and lodging, the current wages among the Chinese here for unskilled labor; but their work is light, and they sometimes assist with the lottery drawings for which they receive additional compensation. They frequently act as book-keepers, and, in common with the shop-keeping class, are brighter and better educated than the mass of the immigrants. Their knowledge of medicine is derived almost entirely from experience, no books on the subject being used or studied by them, and the *Pún tso*, or Herbal, is not to be found in any of their shops.

The prescriptions furnished by the native doctors, which are usually written upon Chinese letter-paper, contain only a list of the names and quantities of the medicines required, with concise directions for their preparation, no date or signature being appended. Upon being presented to the clerk over the counter, he weighs out the ingredients, and places them separately upon a large sheet of paper, going over them carefully afterward to prevent any possible mistake. A hand balance, *lí tang*, is used, consisting of a decimally graduated ivory rod, from one end of which a brass scale pan is suspended by silk threads. The smaller kind weigh from one *lí* to five and one-half *léung*, or Chinese ounces,* and are remarkably accurate.

* 1	lí		=.57984 grains, Troy.
10	lí	=1 fan	=5.7984 " "
10	fan	=1 ts'in	=57.984 " "
10	ts'in	=1 léung	=579.84 " "

Various simple expedients are resorted to by the clerk in the preparation of the medicines. Some are powdered in the upright iron mortar, *chung hòu*, and others in the porcelain mortar, *lúi ún*; certain roots and seeds are roasted in a pan, while others are steeped for a few moments in Chinese rice spirits. The package of medicine is carried home to be boiled, and the infusion taken at one dose by the patient. Some *hak tsò*, Chinese prunes, are usually furnished to be eaten at the same time. The prescription, of which no record is kept, is returned with the medicine.

The practice of medicine by the Chinese doctors here is confined almost entirely to what is called by the Chinese *noi fo*, or internal medicine. *Ngoi fo*, "external practice" or surgery, which constitutes a distinct branch of their healing art, is little understood by them, and their patients seldom make greater demands upon them than for a cure for a cold, indigestion or headache. But slight as may be their ailments, the Chinese of our cities are constantly taking medicines. Well, they resort to prophylactics, or try to improve their digestion; ill, they take one prescription after another, and drink quantities of unpalatable tea every night, usually, upon their own testimony, to little advantage.

No less than four shops supply medicines to the little colony in Philadelphia, and day and night their clerks are busy, weighing and pounding and tying up packages for the relief of their suffering countrymen. Nor are the drugs regularly prescribed by their physicians the only medicine used by them; almost every shop furnishes an assortment of pills and teas compounded by Canton pharmacists.

First among these are the *Wai Shang Ün*, or "Life Preserving Pills," which are taken by both the sick and well on account of their supposed vitalizing properties. In common with many other Chinese pills they are enclosed in a shell of vegetable wax, upon which is stamped the name, with that of the makers, in vermillion and gold. One of these boluses—they are nearly an inch in diameter—is taken at a dose. The usual price for the best kind is one dollar apiece. They are said to be composed of *yan sham* (Manchurian ginseng), *luk yung* (deer's horns),* and other expensive drugs. A cheaper

* Two deer's horns exposed in the window of a Chinese shop in Philadelphia are said by the proprietor to have cost ninety-five dollars for the pair.

kind is entitled upon a printed advertisement, *Yan sham luk yung ning shan po shan ün*—(ginseng and deers'-horn pills for tranquilizing the spirits and strengthening the kidneys). These also purport to contain *yuk kwai*, a precious cinnamon, the bark of the *Cinnamomum Cassia* (?) one of their most highly valued drugs. That used by the Chinese pharmacists here is imported in boxes covered with raw silk, each containing one piece, about fourteen inches in length. The price varies with the quality, from two dollars and a half to five dollars for one *léung*.

Sú hóp ün (rose mallows pills) are taken to relieve flatulency; *king fung ün* are intended for children; *ying im ugán ün* (the well approved eye pills) are dissolved in water and used as an eye lotion; *Shan hau pak chuk ün* purport to be a remedy for a certain disease, and *Shan hau hung ün* (Divinely efficacious red pills) are taken as a prophylactic against the same complaint. Occult and magical properties are claimed for nearly all of these compounds, and they are not regarded with much favor by the regular physicians.

Several varieties of ginseng are sold in the shops. The American root, sold under the name of *yéung sham* (foreign ginseng), is the cheapest, the current price being 40 cents per *léung*. Next in value is *kat lam sham*, said to be obtained from Corea, costing 50 cents per *léung*. *Kò lai sham* (Corean ginseng) is the kind most used here, and costs from \$2.50 to \$3.50 per *léung*. *Yan sham*, Chinese or Manchurian ginseng, the most precious and famous drug of the Chinese pharmacopœia, is seldom, if ever, to be found in the stores. Occasionally one sees small roots purporting to be *yan sham* kept wrapped in raw cotton in tin boxes; but the enormous price asked for them, often from sixty to one hundred dollars for one *léung*, prevents their use except in extreme cases, or as a matter of luxurious extravagance.

In concluding these notes, we desire to call the attention of American students to the field afforded by these Chinese drug shops for the investigation and study of Chinese *materia medica*. Local observers in the Treaty Ports have made many observations; the series of papers now in course of publication by Mr. Charles Ford, assisted by his able colleagues in *The China Review*, are a most valuable contribution; but the subject is far from exhausted, and the student of historical

medicine, who finds thus presented to him many of the drugs and methods of the mediæval leech, cannot fail to appreciate the light thrown by them upon the origin and development of the science of medicine in the western world. How far Europe has been indebted to China in this, as in so many of the useful arts, remains as yet almost a matter of conjecture.

SIR MORELL MACKENZIE.

THREE generations ago a Ross-shire Highlander put a shilling about some part of his person and set his face across the Scottish border. His name was Mackenzie; he amassed a good fortune, and his grandson grew into a mad doctor of much ability but of retiring habits. To this physician, then living at Leytonstone, England, there was born fifty years ago a son who was named Morell, after an uncle who perished very creditably in the loss of the Pegasus. Young Morell was left to run wild in Epping Forest to an advanced boyhood, but he progressed well later; took a high degree at the University of London; abjured the retiring habits of his father; screwed a brass plate on his door; and took to looking down people's throats for guineas. His success in private was great and immediate, and in a few years after setting up he could give to physicians who had been established a lifetime a score of patients and a beating. He became a specialist. He wrote books on "Diseases of the Throat and Nose," and on the "Hygiene of the Vocal Organs." He founded the Hospital for Diseases of the Throat, in Golden Square, obtained all the professional honors in general which throat and nose can give, and became the special champion of specialism in medicine as opposed to general routine; in which capacity he largely developed and amply displayed the bellicose and controversial predisposition he had inherited from the original Highlander. A few months ago he was called in to deal with the throat of the Crown Prince of Germany, which had baffled all the German doctors; and this he has treated with such success that it has been made the occasion for conferring upon him the distinction of a knighthood. Sir Morell is a man of wealth, of capacity and of strong individuality. He has long been the physician and friend of all singers and actors, and he has a son who is already making a name as a comedian. He can often see a joke, which is unusual for a Scotchman.—*Vanity Fair*.

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THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

HOW SHALL WE BURY OUR DEAD ?

IN the last number of the PRACTITIONER the evils of the present unregulated burial of the dead were shown. It was shown that while for water, for sewers, and for drainage, and, it may be added, for quarantine, the trained skill of experts is called into requisition, when it comes to the disposal of dead bodies, filled often with the germs of contagious disease, the

matter is left almost without supervision, and the place of burial is settled largely by chance or by questions of personal interest. We should not locate a quarantine station so.

It is probable that this indifference arises largely from an ignorance of the importance of the question, and a failure to appreciate the dangers which may come to the living through an unsanitary disposal of the dead.

As stated in the article of last month, whatever may be the final judgment of the people upon the question of cremation, one thing is clear, that if any conclusion favorable to such disposal of the dead by fire is ever reached it will be far in the future, and the real question for the present is only as to the place and manner of sepulture.

In settling this question two quite different lines are to be considered: the medical questions of animal decay, of poisonous effluvia, and the dangers and risks of exhumation; the civil engineering questions of underground water-flow, the lines of drainage, and the question of prevailing wind currents. In other words, the skill of the physician and of the civil engineer are both needed. The matter of location should then be left to a mixed board representing the two professions. But what rules shall guide them in reaching their decision as to the location of public cemeteries about large cities?

A story is told of a Dutchman who, with much earnestness, was rejoicing over his wonderful escape from drowning in a boat which had been lost. When asked how he had managed to escape, "Ach!" said he, "it was shoost miraculous, mine escape; I did not go in te poat."

Possibly, on the same line of thought, the best way to avoid the dangers of crowded cemeteries near the large cities is not to have them near. Put them miles away; but, for convenience, along some line of transportation, and then run at a certain hour each day a funeral train or boat, which shall carry all bodies to this final resting place, all other places of sepulture being forbidden.

Yet, even though miles may separate the abodes of the living and the dead, it will not do to trust to distance as a safeguard, to the neglect of other considerations. The water supply of the city may come from the same quarter, and prevailing winds may carry the poisonous gasses long distances to vitiate and contaminate the air which thousands of lungs

are to inhale. And the mass of people are not as yet educated up to the point of thus widely separating the abodes of the living and the dead. They will insist upon having the cemetery near by, where they may frequently visit the graves of their friends. This being the case, all the more care should be taken that no mistake is made in the location. Cemeteries should be located at points from which prevailing winds do not blow toward the city. They should also be so placed that the drainage from them, both surface and underground, may be from and not toward the city; and to ensure this a knowledge of subsoil and stratification is necessary, as well as a knowledge of the surface contour of the country.

It is of importance, also, that the soil should be porous and dry, otherwise a grave becomes only an underground tank in which the decomposing body is floating in foul, putrid water, slowly poisoning the earth and air, instead of giving its gasses to be absorbed by the dry porous mold.

If the graves, of necessity, have to be dug in a hard, impervious clay, the free use of water for the irrigation of plants and flowers upon the surface above should be forbidden. To the writer, with the dread of chill and dampness which he possesses, there is a peculiar horror at the idea of having his body, even in the insensibility of death, soaking in a cold, water-filled grave. If the dead could speak, it seems to him they would make the atmosphere of the graveyard tremble with their agonized protests over being denied even the charity of the dry, warm earth which nature intended, and which the burial service speaks of when it says, "Earth to earth, ashes to ashes, dust to dust."

Let us change it and say, "Dearly beloved, we give your delicately-reared body to the keeping of the mud, and will daily soak it with water, that the grave may have an added horror, and be indeed the cold, damp and narrow house."

In contrast, the editor has in mind a picture of a quiet country graveyard, years and years ago, in the days before the tomb of the dead was made so much a spot for the ostentatious display of the wealth of the living. It was on a hill-side amid the walnut trees, with fields of waving grain spread out about it, and the rustle of green leaves overhead. Tangled grasses and lilies grew about the crumbling, old-fashioned headstones all through the long summer, and then, when autumn

came, dropped down to nature's decay. The quiet hush was broken only by the timid step of the rabbit, or the faint chirp of a bird, or the gentle stir of the wind in the arches of the trees. Death was robbed of its terrors. It was the giving of the body back to the kindly arms of nature. It was only weary humanity lying down to its last sweet sleep under the trees.

When shall we become civilized enough to realize the incongruity and the hideousness of our elaborate cemeteries with their ostentatious display, and the tons of marble pressing their dull weight over the bodies of our dead.

THE METHODIST EPISCOPAL GENERAL HOSPITAL

PROTESTANTS are slowly learning lessons of practical charity from the Catholics.

We have long heard of and witnessed the great activity and aggressiveness of the Methodist Episcopal church in matters spiritual and educational, but we were surprised to learn that this denomination, with its millions of communicants, had no hospital. Wesley said the world was his parish, and yet a century later, we find that great parish without a single hospital.

While in New York we were glad to accept the invitation of Rev. Dr. J. M. Buckley—author of the Faith Cure articles that appeared in the *Century*—to attend the dedication of the first Methodist Episcopal General Hospital.

Dr. Buckley is President of the Board of Directors, and has been very active and determined in raising the money to complete the building.

The institution is favorably located in West Brooklyn. The 15th of December—the day of dedication—was rainy and muddy. We crossed the Brooklyn Bridge in the cable car, and then waited, in the company of a number of New York doctors bound on a similar errand, under a dripping platform for a horse car.

The car was crowded. There was a fat woman, a wet man, a crying child, and numerous good-natured physicians. There were also several clergymen, who appeared to be making some-

thing of a lark out of their trip to the dedication. Their innocent jokes and happy repartees showed that they had left their spiritual cares behind them, and that the memory of the last quarrel in the church choir had ceased to worry them. The half block from the street car to the hospital was through the stickiest yellow clay we ever lost an over-shoe in.

But the hospital—it was crowded with visitors. Dr. Buckley called them to order. There was a grand prayer, and then Dr. H. C. Wood, of the University of Pennsylvania, delivered the oration of the occasion.

In the course of this address he said :

“ The hospital which offers to the poor the best medical skill gives back to the community that supports it a hundredfold in the return of the worker in good condition to his labor.

* * * * *

“ If there were no human suffering to be relieved, if there were no hearts to be comforted when crushed out by the processes of civilization, if there were no workers to be sent back to labor, I insist that the hospital would still be a necessity in every community as the workshop in which the science and art of medicine is perfected, and as a school where medicine is taught, and the arena in which the individual physician is trained to the highest perfection.”

Our old friend and instructor, Dr. L. S. Pilcher, is the chief surgeon of this hospital, and has been one of the champions of the enterprise from its incipency. He took us all through the institution. Everything is on the most approved modern antiseptic method. The operating room is perfect in its way, and, with some mental reminiscences, we were glad to see excellent provisions for the comfort of the *internes*. Dr. B. F. Westbrook is on the medical staff. The building has cost over \$400,000, and there is soon to be another wing built. From the fact that such able men as Drs. Pilcher, Westbrook, Fowler and Wallace are in charge of this institution, we expect that it will do a great work that will redound to the credit of the church that established it.

THE mortality from childbirth in Shanghai is said to reach the enormous proportion of eight per cent.

FROM THE NORTH STAR STATE.

DR. A. F. DUNSMOOR, Dean and Professor of Surgery in the Minnesota Hospital College, paid Los Angeles a brief visit during the month of January.

On the 13th of the month he delivered an able and entertaining lecture on Shock at the Medical College.

On the evening of the 17th he was given a reception at the residence of Dr. Walter Lindley. Over seventy of the physicians of the city and county were present to welcome Dr. Dunsmoor. Conversation, music and refreshments occupied the time until the clock struck twelve when, with a hearty good-bye, they wished the Doctor a pleasant journey to the prosperous city of Minneapolis, from which he hails.

THE LOS ANGELES COUNTY MEDICAL SOCIETY.**REPORT OF LAPAROTOMY.—ELECTION OF OFFICERS.**

THE annual meeting of the Society was held in the office of Drs. Bicknell & Moore.

The following officers were elected: President, Dr. G. W. Lasher; Vice-President, Dr. John L. Davis; Treasurer, Dr. J. H. Davisson; Secretary, Dr. Wm. D. Babcock; Librarian and Curator, Dr. Marion.

Dr. Lasher, on taking the chair, said he was sorry, embarrassed and glad. He felt that in being elected to the presidency of a society composed of over sixty physicians he had received a great honor. That the Los Angeles County was the second in size in the State of California. He was glad to be promoted to this position, but was embarrassed in the presence of so many who were his seniors in years and length of residence in California.

He wanted to see more original observations reported during the ensuing year. It is by many physicians reporting clinical facts that great laws are established.

He said he had recently seen an interesting case: a Mr. F., age 24, of regular habits and a good family history, was confined to his bed November 19, with symptoms of obstruction of the bowels. He had never been troubled with constipation, diarrhea, colicky pains, or any affection of either the pulmonary or intestinal tract.

November 23.—Was called to see him in consultation, and on the following day assisted in performing a laparotomy and making an artificial anus at the point of obstruction. The stricture was located in the colon at the splenic flexure, was annular; all the normal tissue of the gut had disappeared, and was so complete that we were unable to force our little finger through it; the dense fibrous connective tissue extended two and a half inches in the longitudinal axis of the gut, and was about one inch thick. The intestine above the stricture was red, very much distended with gas; there were no old or recent adhesions of the peritoneum, and though the mesenteric glands were somewhat swollen they were not indurated. He thought this case, although it terminated fatally, of sufficient importance to relate, as it is one of those tight strictures localized at an unusual place, and which never during life, until occlusion is complete, showed any symptoms as to its cause or existence.

Dr. Lasher said he had recently performed a post mortem on a young man who had suffered from neither syphilis, alcoholism or malaria, yet he died from cirrhosis of the liver. The question arises, Does alcoholism produce cirrhosis of the liver? Last summer he heard both Virchow and Orth maintain that in Vienna drunkards did not die from cirrhosis of the liver, but that they invariably had fatty livers. The question arises, In countries where they use whisky and brandy do the drunkards die of cirrhosis, while in countries where wine and beer are the beverages they die of fatty livers?

These cases simply indicate that there are interesting fields of observation open for us all, and that we may be instrumental in solving important questions.

Dr. Lasher's address was listened to with great interest.

DR. S. T. YOUNT, in the New York *Medical Record*, advises the use of indigo in amenorrhea. The dose is 1 oz. to $\frac{1}{2}$ dr. of the crude drug, or 5 grs. of the concentrated extract. It should not be given when the stomach is irritable, where there is a history of pelvic inflammation, or where the brain is anemic. He claims that it will bring on menstruation, even in the amenorrhea of phthisis.

THE CANCER BACILLUS.

"If so early I was done for,
What on earth was I begun for?"

Is this to be the epitaph on the tomb of the cancer bacillus? Heaven forbid! The birth of this bacillus has filled a long felt want; his death would eclipse the gaiety of nations. How our forefathers flourished in the densest ignorance of the tubercle bacillus is difficult to imagine. Since its discovery, it is true, not a single real addition has been made to the treatment of consumption; yet what an unspeakable comfort it is to know that the dear little creature lurks promiscuously in all sorts of out-of-the-way places, such as the abdomens of flies, and in the dust of the streets. Another reason for the use of fly-paper and sprinkling carts! If, then, the tubercle bacillus has added so much to the joys of existence, let us cultivate the bacillus of cancer for the benefit of future generations. 'Tis said the little fellow cannot be made to grow. Feed him on infusion of hay, alternating with chicken broth; if that does not work, try a purée of sterilized urine, or a ragout of rabbit's spinal marrow. If it is true that Koch has said he must die, then summon Pasteur, who can make the most rachitic bacilli wax-strong.

PARALYSIS FOLLOWING INJURY TO THE FETAL HEAD BY FORCEPS.

ACCORDING to Prof. H. C. Wood, who has charge of a large clinic for nervous diseases, "we do not see hemiplegias and pareplegias due to injury during labor, in children of five or six years, simply because children so injured never live that long. What we do see are cases of spastic paralysis. Spastic paralysis is the secondary effect of an earlier destructive lesion, the immediate evidence of which may have been entirely overlooked. In all such cases, I inquire as to the history of the labor, and invariably find that it has been unusually severe or instrumental. The brain at birth is so soft, so liable to injury, that while I would not have the obstetrician entirely discard the use of the forceps, I think he should never take them in hand without bearing in mind the possibility that they may do serious permanent injury to the nerve-centers of the child."

KILLING A MONSTROSITY.

AN extraordinary appeal case has lately been heard in Madras which shows the character of existing superstitions. It seems that one of the accused gave birth in December last to a male child having four eyes, the face of a monkey and crooked arms and legs, while it grunted like a pig immediately on its birth. The midwife placed the child under a trough and sat upon it, both she and the mother raising cries of alarm. The male prisoners then came and took the child into a field and killed it by striking it on the head with a club. Their explanation was that the child was an evil spirit, which they were justified by the custom of the country in killing, in order to prevent it from doing evil. The judge acquitted them on the ground of a mistake of fact. This decision was naturally upset on appeal. The accused believed that unless the child had been killed it would have grown to an immense size and devastated the country, and that they were therefore committing a meritorious action in obviating so grave a public calamity.

EDITORIAL NOTES.

DISEASE OF THE NOSE AS A CAUSE OF INABILITY TO FIX THE ATTENTION UPON A SPECIAL OBJECT.—Guye, of Amsterdam (*Deutsche Med. Wochenschr.*, October 27, 1887, and *Med. and Surg. Reporter*, November 17, 1887, p. 808), reports three undoubted cases of this strange disease, for which he suggests the name *aprosexia* ("inability to fix"). We quote one of the cases: A child, whose nose was entirely obstructed by exuberant adenoid vegetations, seemed to be incapable of learning anything whatever: in a year, he had not succeeded in memorizing the alphabet. The obstruction was removed, and in a week the boy had acquired the whole of the alphabet.

SUPRAPUBIC PROSTATECTOMY.—McGill of London has, in three cases of bladder disease connected with enlargement of the middle lobe of the prostate, opened the bladder above the pubes, and removed with the scissors and forceps that portion of the gland which interfered with the free outflow of urine. All three made rapid and complete recoveries.—*Lancet*, Nov. 19, 1887.

ANOTHER INDICATION FOR LAPAROTOMY.—In a colored woman, who had eighteen months previously received a kick from a horse, and who in consequence had become a confirmed invalid, Dr. Mord. Price, of Philadelphia, made a laparotomy for the purpose of removing, if possible, a hard mass which was found high up and to one side of the uterus. Nothing was found except a mass composed of the whole length of the small intestines matted together with the peritoneum and mesentery. With scissors, hand and sponges all of the adhesions were separated. Thorough irrigation with hot distilled water terminated the operation. She reacted well, and was freely purged with epsom salts. Rapid and complete recovery followed.

In discussing this case, Dr. Kelly maintained that the adhesions of tubercular peritonitis should not be interfered with, as they served to deprive the tubercles of pabulum; and that, as a rule, when the intestines, though adherent, lie in full round curves, in normal relative position, no injurious results follow.*

The writer recalls a case of matting of the intestines which occurred before the days of the new abdominal surgery. The symptoms were those of chronic intestinal obstruction, terminating with fecal vomiting and death. America's most famous surgeon saw the case frequently, and after prolonged consideration decided against an operation. Autopsy disclosed numerous sharp bends throughout the entire intestinal canal, which, together with the omentum and mesentery, were firmly bound into one mass, almost as if they had been set in plaster of Paris. A few tubercles were scattered over the peritoneum. It seemed that it would have been impossible to have dissected the contorted and contracted intestines from the dense mass of lymph which inclosed it. Nevertheless, we believe in a hopeless cure like this the attempt should have been made.

AFTER the recent Congress, Bantock of London successfully performed supra-vaginal amputation of the uterus for fibroid, in a patient of Dr. J. Price of Philadelphia; and Martin, of Berlin, made three kolpo-hysterectomies for carcinoma, with two recoveries and one death from hemorrhage, for Marcy and others of Boston.

* *Obstetric Gazette*, Cincinnati, November, 1887, p. 591.

BONE-SUTURE IN FRACTURE OF THE OLECRANON.—A woman, 44 years old, fractured the olecranon. The upper fragment was in several pieces, and there was very great swelling of the elbow. After etherizing the patient, and applying an Esmarch bandage to the upper part of the arm, a longitudinal incision four inches long was made over the seat of fracture. Between the fragments, under the skin, in the periarticular tissues, and in the joint itself, were found densely adherent clots of blood, which were removed by the curette, under sublimate irrigation. The fragments were brought together, and fixed by means of a single silver suture, which passed through them and then through the upper part of the ulna, avoiding the articular surface. The suture was perfectly twisted and flattened on the bone. The forearm was placed in forced extension, the articular capsule sewn up with silk, and the skin united by deep and superficial sutures. The joint was then covered with dry iodoform and other dressings. Primary union; recovery, with perfect use of the arm.*

THE replacement of the distended intestines is often very difficult after operations for obstruction of the bowels. Kummell accomplishes this by placing a folded towel over the bowels, pushing its edges upward under the sternum, downward into the pelvis, and on the sides under the abdominal walls. When this is done, and the whole is controlled by the hands of an assistant, he places the sutures in position, and has the towel withdrawn gradually as the sutures are tightened. This procedure, he says, does away with the necessity for puncturing the bowels to empty them of gas. Rehn suggests that a tube be introduced into the stomach to relieve the distension of the bowels, in these cases.

THE New Orleans *Medical Journal* for November last contains notes of the case of a healthy man who defecates on an average once every seventeen or eighteen days. Once he was without stool *one month and three days*. His stools are not much larger or more consistent than those of other people.

VIRCHOW is reported as saying that vitiated air in a room "remains stationary when the air inside is already of equal temperature with that outside." Surely, the learned professor has forgotten the "law of the diffusion of gases."

* Fraipont, *Journal of the American Medical Association*, Nov. 12, 1887, p. 626.

THE ABUSE OF MILK DIET.—Bartholow* has written a thoughtful and timely article on this subject, the more important points of which we give in brief, with some notes of our own.

In certain cases of indigestion, he says, milk disagrees. If the casein cannot be digested, it may sometimes be seen in the vomit or feces. Here a mixture of cream to four or six times its bulk of barley water (carefully strained and of the density of good skimmed milk) may be substituted.

Personally we prefer in such cases very thin gruels made of oatmeal, sago, cornstarch or arrowroot, and mixed with milk, or milk and water. Peptonized (pancreatized) milk, though very distasteful, very generally agrees, and is extremely useful, especially in typhoid and in marked cases of gastric derangement. A practical disadvantage attending its use is the great difficulty experienced in its proper preparation, which can, however, be readily overcome by the use of Fairchild's peptonizing tubes.

Where the fat of the milk disagrees, it may be skimmed, and a soda alkali, or a preparation of pancreas, be given it about the time stomach digestion is completed.

The mere bulk of milk is an objection to its use in dilatation of the stomach, in weak heart, and in angina pectoris.

in acute rheumatism, milk is objectionable, because it furnishes lactic acid as a product of its fermentation.

In typhoid, milk should not be given in very large quantities, at very frequent intervals, and it is often advisable to follow it by digestants. Disregard of these precautions will result in increased fever and delirium, and in diarrhea.

Our experience teaches us that four ounces of milk, sipped slowly, every three hours, is the maximum quantity that should be taken by a typhoid patient. One, two or three teaspoonsful of brandy or whisky mixed with this have a wonderful effect in overcoming the extreme disgust which it sometimes inspires, and in causing it to agree with the stomach.

The more ignorant are apt to give typhoid patients milk, both as food and drink. We have known two gallons to be thus taken in twenty-four hours. This almost invariably does harm, the most frequent result being a profuse diarrhea. Therefore, one of our most emphatic directions always is, *not* to give more than two quarts of milk in twenty-four hours.

SANTONIN IN AMENORRHEA is highly praised by Whitehead of Manchester—ten grains to be taken for two consecutive nights, and to be followed each morning by a seidlitz powder. Will not such large doses be almost certain to produce disagreeable symptoms? We once produced prolonged convulsions in a child by santonin, and we find that adults are very apt to complain of its effects. Anyone trying this treatment would do well, therefore, to warn the patient.

* Canada Medical Record, November, 1887, p. 46, from Coll. Clin. Record.

PERSONAL REMINISCENCES is the title of a series of gossipy and lengthy entertaining articles by Dr. Cotting.* "A notable family," the doctor says, "once sent for me. They had sickness in the house. Their family physician, they said, had become old, and so infirm, that they felt obliged to give him up. They had long known of me and of my abilities and standing; had great regard for me, and they felt in this serious emergency that they could confidently trust in me—to tell them whom they had better employ as their physician. Keeping my self-possession as best I could, I told them, without apparent hesitation, whom I would send for were I ill myself. They sent for him, and he ever after attended them."

GOODELL recently diagnosed an abdominal swelling as an ovarian tumor, because there was dulness anteriorly over the abdomen. Exploration showed ascites. The intestines were prevented from floating by adhesions.

A SPECIMEN of solidified carbonic acid gas was shown at the recent meeting of the Association for the Advancement of Science, and considerable interest was taken in it, from the fact that it was one of the largest cakes of this peculiar substance made. It was about the size of an ordinary brick, with the exception of being twice as thick. It looked like a mass of snow, and had a temperature of 79 degrees below zero. Ether turned it into a liquid of about 100 degrees below zero, and this will instantly freeze mercury solid, or turn alcohol to a sirup-like consistency.

A CONTRIBUTOR to an Indiana journal advocates the use of daily enemata of warm water in order to cure chronic constipation. In justice to this individual, we must say that he probably never made use of his own suggestion, as it requires very little experience with the habitual use of enemata to prove that they perpetuate the trouble by blunting the sensitiveness of the rectal mucosa, and thus preventing the inception of that current of reflex movement necessary to normal defecation. Hence, most practitioners have, as Agnew advises in his Surgery, entirely abandoned the enema, except as a temporary measure. Perhaps the fool-killer should pay Indiana a visit.

* Boston Medical and Surgical Journal, January 5, 1888, *et seq.*

LAPAROTOMY FOR SUPPURATIVE PERITONITIS.—The existence of purulent peritonitis, however induced, is a clear indication for abdominal section. It is, in fact, nothing more nor less than the evacuation of an abscess, and as such it has had the imprimatur of practical surgeons ever since surgery has shuffled off the coil of peritoneal terror. However induced, and wherever diagnosed, suppurative peritonitis has but one treatment—abdominal section.*

TRAUMATIC PERITONITIS: LAPARATOMY: RECOVERY.—A boy, three years old, fell, striking his belly against a small boulder. Suppurative peritonitis setting in, a laparotomy was made, and the abdominal cavity below the umbilicus found to be converted into an abscess sac, the upper limit of which was formed by coils of intestine glued together by recently effused lymph. The cavity was thoroughly washed out, taking care not to disturb the cohesion between the coils of intestine; drainage with rubber tubes; rapid recovery.—Robertson of Oldham, Eng., *Medical Chronicle*, Nov., 1887.

TETANUS, says Verneuil, should be classed amongst microbian, virulent, or infectious maladies. This may seem to the general practitioner an altogether theoretical matter, and one which does not concern him. Not so! In the report of a large hospital, recently published, it was stated as a distinct fact, without reference to any theory, that tetanus had become almost unknown since the introduction of the antiseptic system into the institution. In this we have, then, another reason for the universal and routine practice of antiseptis.

SUCCESSFUL LAPAROTOMY FOR GUNSHOT WOUND.—Dr. F. Lange reports a case in which he operated twenty-four hours after the injury was received and found seven firmly healed perforations in the intestine and about five ounces of bloody fluid without fæcal odor, in the abdominal cavity. L. seems to think that this case would have recovered without operation.—*New York Medical Journal*, Nov. 20, 1887, p. 604.

WE learn that the new universal language, "volapük," is the subject of a work by Sprague of New York. The project seems to attract much attention in the East, and in Paris certain shops have signs to the effect, that "here volapük is spoken."

* From J. Greig Smith's new work on Abdominal Surgery. Blakiston, Phila.

IDIOCY is sometimes the result of difficult labor. Dr. Langdon Down states that in a very large number of cases of idiocy the subjects were born after difficult and unusually tedious labors, and he held that if a neurotic tendency was present the tedious labor and suspended animation might determine the catastrophe, where otherwise all might have gone fairly well.

LAPLACE, of New Orleans, finds that a mixture containing one part in 20,000 of sublimate and one part in 10,000 of muriatic acid will destroy the spores of anthrax in twenty-four hours, and is therefore, probably, a reliable antiseptic.

EGYPTIAN tamarind flower, a tonic laxative, given in daily doses of three or four wineglassfuls of a decoction, is recommended for hemorrhoids. It is also said to be useful as a face-wash for the removal of freckles and pimples.

OUR esteemed contemporary, the *Boston Medical and Surgical Journal*, contains a long article showing conclusively that cascara sagrada is an excellent purgative. Someone should now prove that morphia will relieve pain.

TARUZZA does not believe that the presence of blood-clot in a wound prevents primary union. He relies on perfect disinfection, does not attempt to thoroughly check bleeding, and discards drainage tubes.

A TEXT-BOOK on physiology by Chapman, the brilliant professor at the Jefferson College, Philadelphia, is announced. It is said to be one of the most perfect text-books in the English language.

GATES, of Scranton, Pa., records a case of extra-uterine pregnancy, in which after nine years he removed the foetal bones from the rectum by the finger. Rapid recovery followed.

It is proposed to tattoo the course of the arteries on the bodies of soldiers, so that they may know where to apply pressure in cases of hemorrhage.

ACCORDING to Fournier, so frightful is the mortality among children in France from hereditary syphilis that depopulation is threatened.

It is said that sugar of milk rapidly dissolves calcareous deposits around the teeth.

A DRUGGIST tells this story at his own expense. Said he: "A man came in with a prescription, and I noticed that the paper did not bear the name of any physician. I called the customer's attention to it, and he replied that he knew all about 'who wrote this prescription. Never mind,' said he, 'who wrote it. The doctor signed his name and I cut it off.' 'What did you cut it off for?' I asked, eagerly. 'So that I wouldn't have to pay you his commission,' was the innocent response."

SHORT-HAND, says the *Medical Record*, is a difficult and tedious art to acquire, and some can never learn it well. Unless it is learned well it is of no use. We should never advise anyone to learn short-hand unless he has some specific end, such as journalism, reporting, etc., in view.

ON account of the prevalence of typhoid in Albany, N. Y., the mayor has issued a proclamation requesting the citizens to boil the reservoir water before using it. This water is unusually impure on account of the low condition of the Hudson, from which it is drawn.

Paraldehyde, in one-half to one drachm doses in whisky, is highly prized by Dr. Horatio Bigelow, in insomnia arising from uterine diseases. The vile taste of this drug is a great drawback, as well as its tendency to disorder the stomach and produce cutaneous eruptions.

A pair of rubber boots she wore,
Her face was all aglow,
As from the path beside her door
She shoveled off the snow.

She ceased not when I reached her side,
But labored with a will,
And, though her arms were slender, plied
The implement with skill.

"Your husband, ma'am, I wish to see,
About some business,"
I said to her. She said to me,
"You'll find him in I guess.

"Just go right in; you needn't ring;
At present, I surmise,
He's at his health-lift practicing
Up-stairs for exercise.

CORRESPONDENCE.

PUERPERAL SEPTICEMIA CURED BY INTRA-UTERINE IRRIGATION.

IN December I was called to Mrs. R., who had been confined ten days previously, by a homeopathic physician. Her face was pale, pinched and anxious; tenderness in left hypogastrium; temperature, 103.5° ; pulse, 120; lochia very offensive; persistent vomiting. The symptoms dated from the fourth day. I gave vaginal sublimate injections for two days. But little improvement. Temperature, 104.6° . I now purchased a Haynes double-current uterine irrigator from Lentz. Introducing my index finger into the cervix, and up through the internal os, I passed the irrigator into the cavity, after much coaxing, and washed it out thoroughly with a solution of sublimate 1:1000. The next morning I repeated the operation. In forty-eight hours from the first irrigation, the temperature was 98.5° ; pulse, 80. No further trouble. I would like to express my admiration for the irrigator, which, by its peculiar construction allows the irrigating fluid to flow from the uterus immediately, and thus obviates the dangers due to retention of a fluid in the uterine cavity, and prevents leakage through the Fallopian tubes.

ROBERT MCCREIGHT, M. D.

1340 E. Montgomery avenue, Philadelphia.

If we may venture a criticism, it is that it is better to use a very much weaker solution. Personally, if we thought anything more than pure hot water were required, we would use sublimate and muriatic acid, of each, 1:10000, or carbolic and glycerine, of each 1:50. We do not doubt, however, with an irrigator such as the doctor describes, used with a fountain syringe, all the dangers of uterine injection are minimized. The case demonstrates the almost magical results following the judicious and skillful use of intra-uterine irrigations. If not thus used, they will do more harm than good. For a case of death following what we believe to have been the careless use of a carbolic solution, see our issue for November, 1887, p. 424.—EDITORS.

 NEW LICENTIATES.

SAN FRANCISCO, January 4, 1888.

THE regular meeting of the Board of Examiners of the Medical Society of the State of California was held at No. 326 Geary street, January 4, 1888. The following persons, having complied with all the requirements of the law and of the Board, were unanimously granted certificates to practice medicine in the State:

Frank S. Cook, M. D., San Francisco, Medical Department University of California, November 15, 1887.

William G. Daniel, M. D., Colton, Nashville Medical College, Tenn., March 2, 1857.

Wm. A. Davison, M. D., San Diego, St. Louis Medical College, Mo., March 13, 1873.

William Dodge, M. D., Los Angeles College of Physicians and Surgeons, Keokuk, Iowa, June 18, 1878.

Frank F. Dole, M. D., Los Angeles, Bowdoin College, Maine, May 25, 1859.

Jefferson Carvosso Fraser, M. D., San Diego, Bellevue Hospital Medical College, N. Y., March 1, 1875.

G. W. Fuller, M. D., San Francisco, Cooper Medical College, Cal., November 17, 1887.

John Perry Gale, M. D., Woodland, University of Pennsylvania, Penn., March 11, 1865.

Charles G. Garrison, M. D., Santa Ana, University of Pennsylvania, March 11, 1865.

George I. Glaze, M. D., San Francisco, Medical Department University of California, November 15, 1887.

William Greig, M. D., San Diego, Bellevue Hospital Medical College, N. Y., March 10, 1881.

William B. Howard, M. D., Modesto, Medical Department University of California, Cal., November 15, 1887.

Robert G. Hulbort, M. D., San Diego, Keokuk Medical College, Iowa, March 2, 1880.

George Merrit Illingworth, M. D., Los Angeles, Chicago Medical College, Ill., March 10, 1874.

Jo. Wadsworth Keene, M. D., National City, Harvard University, Mass., June 26, 1878.

Jennie Tower Leonard, M. D., Merced, Women's Medical College of the N. Y. Infirmary, March 27, 1877.

William B. Lindsay, M. D., San Francisco, University Victoria College, Province Ontario, May 5, 1869.

William H. Miller, M. D., Grangeville, College Physicians and Surgeons, Chicago, Ill., February 23, 1886.

Melvin L. Moore, M. D., Los Angeles, Rush Medical College, Ill., February 24, 1880, and Bellevue Hospital Medical College, N. Y., March 15, 1882.

J. M. Mosena, M. D., San Jose, College Physicians and Surgeons, Iowa, June 18, 1878.

Heber Robarts, M. D., Santa Barbara, Missouri Medical College, Mo., March 4, 1880.

Vernon D. Rood, M. D., San Diego, Vermont State University, June 27, 1867.

Christopher A. Sanborn, M. D., Redlands, Lugonia P. O., Bellevue Hospital Medical College, N. Y., March 15, 1882.

Ida May Stites, M. D., San Francisco, Cooper Medical College of California, November 17, 1887.

Charles Teubner, Ph. G., M. D., San Diego, University Medical College, New York, March 6, 1885.

T. J. Townsend, M. D., San Diego, University Medical College, New York, March 5, 1869.

Christopher C. Webb, M. D., Elsinore, Medical Department University of Maryland, March 3, 1881.

William H. Ziegler, M. D., Oakland, Jefferson Medical College, Penn., March 13, 1880.

Dr. T. J. Le Tourneux, seconded by Dr. Jules Simon, introduced the following resolution, which was unanimously adopted :

"Whereas, The law to regulate the practice of medicine in the State of California provides that the Board of Examiners, in the charge of its official duties, shall determine what colleges are in good standing, whose diplomas may be presented by applicants for certificates under the law ; and

"Whereas, It is apparent that the protection of the public, and the best interests of the profession, require a higher standard of medical education than that which is now adopted by many medical colleges ; therefore,

"Resolved, That on and after April 1, 1891, the Board of Examiners of the Medical Society of the State of California will not grant certificates to practice medicine, on diplomas issued after that date by colleges which do not require that all candidates for graduation shall have studied medicine not less than three full years, and shall have attended not less than three full regular courses of lectures, delivered during three separate years."

WM. M. LAWLOR, M. D., Secretary.

ALL women are kleptomaniac to a certain extent : they will hook dresses.

SPECIALS.

Dr. Miller, of Menlo, Iowa, has recently located in Los Angeles.

Dr. Cyrus Dixon has located in Whittier, Los Angeles county.

Dr. H. H. Maynard and D. C. Barber have both been ill, but are now able to attend to practice.

Dr. Murphy, the oculist and aurist, and Dr. G. W. Lasher, the well known surgeon, have offices in Hollenbeck Block, corner of Spring and Second streets, Los Angeles.

One tablespoonful of glycerine injected, with a glass syringe, into the rectum will cause prompt catharsis.

Dr. Peebles, of Los Angeles, while hunting at Long Beach, accidentally shot himself in the right foot. Amputation was found necessary, and on January 27th Dr. Geo. A. Wood, of Long Beach, assisted by Drs. Brainerd and Babcock of Los Angeles, performed the operation.

BOOK REVIEWS.

CALIFORNIA OF THE SOUTH. Its physical geography, climate, resources, routes of travel, and health resorts, being a complete Guide-book to Southern California, by WALTER LINDLEY, M. D., and J. P. WIDNEY, A. M., M. D. With maps and illustrations. Price \$2. New York: D. Appleton & Company. 1888. For sale by Stoll & Thayer, No. 3 South Spring street, Los Angeles, Cal.

This is a handsomely-bound and illustrated book of 377 pages. Besides being descriptive of San Diego, Santa Barbara, Los Angeles, Ventura and San Bernardino counties, it is a complete compendium of the climatology of Southern California. This portion of the work is written principally by Dr. Widney, but Drs. Fenn, Escher, Winder, Worthington, A. M. Lawrence, Collins, Fox, Hutchinson, Root, Sawyer, Hazlet, Jenkins, Bard, Curran, Patton, Hill, Bates, H. M. Biggs, C. E. Folsom, and W. M. Chamberlain are extensively quoted.

At the close of the description of each of these five counties is a chapter on the mineral springs of that county. While this work is written especially for the tourist and health-seeker, yet we believe it should be in the hands of every practitioner on the Pacific Coast.

PLACEBOES.

ORIGIN OF CÆSARIAN SECTION.—Julius Cæsar first attracted attention through the Roman papers by calling the attention of the medical faculty to the now justly celebrated Cæsar operation. Taking advantage of the advertisement thus attained, he soon rose to prominence, and flourished considerably from 100 to 44 B. C., when a committee of representative citizens and property-owners of Rome called upon him, and on behalf of the people, begged leave to assassinate him as a mark of esteem. He was stabbed twenty-three times between Pompey's Pillar and 11 o'clock, many of which were mortal. This account of the assassination is taken from a local paper and is graphic, succinct and lacks the sensational elements so common and so lamentable in our own time. Cæsar was the implacable foe of the aristocracy, and refused to wear a plug hat up to the day of his death. Sulla once said, before Cæsar had made much of a showing, that some day this young man would be the ruin of the aristocracy, and twenty years afterward, when Cæsar sacked, assassinated and holocausted a whole theological seminary for saying "eyther" and "nyether," the old settlers recalled what Sulla had said.

Cæsar continued to eat pie with a knife, and in many other ways to endear himself to the masses until 68 B. C., when he ran for Quæstor.—*Bill Nye.*

THE STINGIEST LOS ANGELEÑO.—We were recently called to see a hostler in the employ of one of the richest men on the Los Angeles nob hill.

The proprietor went with us to the room in the stable loft where the injured servant lay, pallid and almost pulseless, from several ugly wounds that had been caused by the kicks of a vicious horse. On examining the wounds we disclosed the fact that the cook had dressed them with large pieces of beefsteak.

The employer on seeing this called to the gardener: "Jim! take this meat and weigh it, and charge it up to Dave!"

We had just recovered from our astonishment at this sally, when the employer said: "Doctor, if Dave was to die to-night (Friday), would it be too soon to bury him on Sunday?"

Under such cheerful influences Dave soon recovered.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION, FOR JANUARY, 1888.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.

Los Angeles, California.

Month of January, 1888.

DATE	MEAN BAROME- TER.	TEMPERATURE			Precipitation in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN		
..... 1	30.24	50.3	60.0	40.0	.00	Mean Barometer 30.115.
..... 2	30.11	52.7	63.0	40.0	.00	Highest Barometer, 30.461, date 17
..... 3	29.87	49.0	53.5	42.0	2.27	Lowest Barometer, 29.673, date 4.
..... 4	29.73	49.0	56.0	43.0	1.22	Monthly Range of Barometer, .786
..... 5	29.86	43.7	50.0	39.2	1.07	Mean Temperature 50.0.
..... 6	30.04	44.0	52.0	36.3	.16	Highest Temp'ture 71.0, date 26.
..... 7	30.15	42.0	51.3	31.9	.00	Lowest Temperature, 30.9, date 10
..... 8	30.03	41.0	51.8	32.0	.00	Monthly Range of Temp. 40.1.
..... 9	30.13	44.3	54.0	31.2	.00	Greatest Daily Range of Temp. 29.5
..... 10	30.14	46.0	55.8	30.9	.00	Least Daily Range of Temp. 4.7.
..... 11	30.24	49.0	56.5	36.0	.00	Mean Daily Range of Temp. 10.4,
..... 12	30.25	48.7	55.5	42.2	.00	Mean Temperature this Month
..... 13	30.11	47.3	55.0	37.8	*T	1879..52 2 1882..49.4 1885..53.9
..... 14	30.13	46.3	53.2	39.0	.01	1880..51 3 1883..53 5 1886..54 7
..... 15	.....	.....	52.0	32.3	.00	1881..51.7 1884..53.9 1887..55.4
..... 16	30.26	42.7	53.2	31.0	.00	1888..50.0
..... 17	30.43	47.0	59.5	34.3	.00	Mean Daily Dew Point, 43.8.
..... 18	30.28	53.7	66.0	40.2	.00	Mean Daily Relative Humidity,
..... 19	30.03	54.0	63.0	46.7	.00	80.1.
..... 20	30.03	49.7	55.0	46.5	.22	Prevailing Direction of Wind E
..... 21	30.13	55.0	58.8	49.9	.15	Total Movement of Wind, 4406
..... 22	30.17	57.3	61.5	55.0	T	miles.
..... 23	30.17	57.0	59.5	53.8	.90	Highest Velocity of Wind and
..... 24	30.20	54.7	62.0	51.5	.03	Direction, 33, N
..... 25	30.18	58.0	70.5	47.5	*T	Total Precipitation 6.04.
..... 26	30.15	55.7	71.0	41.5	*T	Number Days .01 inches or more
..... 27	30.16	52.7	60.2	46.5	T	Rain Fell, 9.
..... 28	30.10	55.7	63.0	50.4	.00	Total Precipitation (in inches
..... 29	30.08	50.7	58.8	44.0	*.01	and hundredths) this month
..... 30	30.07	52.3	59.8	44.2	*T	1879..3.59 1882..1.01 1885..1.05
..... 31	30.04	53.3	55.0	50.3	T	1880..1.33 1883..1.62 1886..7.78
						1881..1.43 1884..3.15 1887.. .20
						1888..6.04
						Number of Foggy Days, none.
						" " Clear " 14
						" " Fair " 8
						" " Cloudy " 9
						Dates of Auroras, none.
						Dates of Solar Halos, 13.
						Dates of Lunar Halos, None.
						Dates of Frost - Light, 17,
						Killing, 7, 8, 9, 10, 15, 16.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

The T indicates trace of precipitation.

GEORGE E. FRANKLIN,

Sergeant Signal Corps.

NOTES: Barometer reduced to sea level.

ZARRADSKI, of Warsaw, reports a case in which the extraction of one of the lower molar teeth was followed by great local swelling, and finally by pyæmia, from which the patient died on the nineteenth day.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. III. LOS ANGELES, CAL., MARCH, 1888. No. 3.

ORIGINAL.

*SUPPURATING OVARIAN CYST—OVARIOTOMY—RECOVERY.

BY FRANCIS L. HAYNES, M. D., LOS ANGELES.

MRS. ALEX. M. YOUNG, aged 36, married, formerly of Portland, Oregon, now of San Diego, California, was admitted to the hospital conducted by Drs. Lindley and Haynes, Jan. 19, 1888; referred to us by Dr. Fenn, of San Diego.

She is the mother of two children and has had several miscarriages; the puerperium is marked, as a rule, by severe illness (pelvic peritonitis, probably). In March, 1887, three months after her last miscarriage, a tumor was noticed in the *right* ovarian region. This was soon aspirated by a woman physician at her office, and two tablespoonsful of a liquid resembling the white of egg removed; the patient suffered severe pain from this, took opium, and laid on the lounge for two weeks. She has never felt quite so well since. Six weeks before admission she was attacked by peritonitis, with intestinal obstruction, and nearly died. Menstruation, habitually very scanty, had been wanting for two months.

On admission, two large hard masses could be felt on either side above the level of the uterine fundus, imbedded in a large, spherical, elastic, but not fluctuating, body. A distinct gutter lay between these masses, but they were evidently connected, as any movement communicated to one moved the other. The sound entered the uterus four inches, and was not affected by moving the tumor. The uterus was in front of the tumor; the os was softened and enlarged. The temperature varied from 98.6° to 100.2°. Pulse sometimes beat as rapidly as 100. The face was pale and anxious, and presented the deep furrows from the *alæ nasi* to the corners of the mouth, characteristic of the *facies ovariana*. Abdominal pain was marked, and so constant that she obtained very little sleep. She suffered from indigestion and constipation, and the urine was very scanty and high colored, but not albuminous.

To prepare her for the operation she was made to take daily exercise in the sun, the diet was regulated, minute doses of morphia were used to relieve pain. Pepsin and acids were given; aloetic laxatives, and just before the operation, salines (Tarrant's Efferves-

* Read before the Los Angeles County Medical Society, March 2.

cent Aperient). Various drugs were given to increase the urine, but nothing had any effect but lager beer. The vagina was irrigated daily with weak sublimate solution, and every second day she was thoroughly scrubbed. As symptoms resembling those of an abortion were noticed, the cervix was dilated painlessly by pledgets of iodoform-gauze, and the uterus found to be empty. Her condition improved remarkably. A harassing cough, which had persisted for two months, disappeared.

OPERATION.

Feb. 20, 1888. Assisting: Drs. Lindley, Bicknell, J. R. and R. W. Haynes, and Mr. Ellis. Subperitoneal fat precisely resembled omentum. When the white wall of the cyst was exposed, the peritoneum was found to be firmly glued to it. To prevent the possibility of separating the peritoneum from the abdominal walls, the cyst was opened freely, the patient turned on her side, and a large quantity of thin puriform fluid evacuated. The hand was now inserted into the mother cyst and a large mass of secondary cysts felt, which on account of their apparent solidity were at first mistaken for papillomata. Every part of the cyst seemed thoroughly immovable. The parietal peritoneum was now separated from the cyst by the fingers, then with great difficulty a huge mass of adhesions binding it together with the omentum to the under surface of the liver and to the intestines. Most of the tumor (which, from the great thickness of its walls and from the large number of tough-walled secondary cysts, failed to collapse thoroughly) could now be brought through the large incision (eight inches) and the adhesions to the uterus separated under the guidance of the eye, though all the rest of the separation had been accomplished by touch, from the fact that the very tense condition of the abdominal muscles made it impossible to see the adhesions until most of the cyst had been delivered. The adhesions were almost universal. A quantity of cheesy matter was found in the cyst and in the peritoneal cavity near the pedicle, evidently the remains of a small focus of peritoneal suppuration, set up by leakage after aspiration. Length of incision after suture, four inches.

The tumor, which sprang from the *left* side, was a very thick-walled polycyst. The main cyst was filled with thin pus, some of the small ones with thick pus, and others with a fluid exactly resembling egg albumen. Weight, twenty-three pounds.

		Temp.	Pulse.	
1st day.	1 p. m.	98.5°	94.	Taken from table; no shock; complains of pain; morph. gr. $\frac{1}{6}$, hypodermatically; urinates freely without catheter.
	8:40 p. m.	99°	108.	Vomited occasionally; passed a fair night.
2d day.	4 a. m.	100°	118.	

			Temp.	Pulse.	
2d day.	8	a. m.	99°	104.	Copious bilious vomiting; repeated large and small doses of seltzer aperient were speedily rejected.
	12	m.	100.2°	114.	Nausea and vomiting intolerably distressing; calomel, 10 grs. in four doses, most of which was vomited.
	2:30	p. m.	102°	124.	Intense nausea; face very anxious; belly scaphoid.
	5:30	p. m.	102°	124.	Morph. gr. $\frac{1}{4}$, hypod.; no more vomiting from this date; nausea very gradually subsided.
	7	p. m.	102.6°	140.	Dozing; enema brought away flatus.
	8	p. m.	102.2°	128.	Very restless; great nausea; morph. gr. $\frac{1}{4}$, hypod.
3d day.	5	a. m.	100.9°	120.	Takes one-half teaspoonful tea occasionally, which is the first she has taken; hot rectal enemata relieve nausea and promote comfort.
	12	m.	100°	114.	Has had two copious loose passages; much flatus.
	2	p. m.	101°	122.	Changed bed and bandage.
	7:38	p. m.	101°	114.	Morph. gr. $\frac{1}{4}$, hypod. for griping; syringe nozzle is kept in anus, allowing gas and liquid feces to escape; takes teaspoon. ice-water with 10 drops whisky, or tea, now and then.
	12	p. m.	101°	116.	White of egg and water, two teaspoonful now and then; menstruating.
4th day.	3:45	a. m.	101°	114.	Nourishment to be gradually increased.
	10	a. m.	101°	110.	Removed three stitches; wound entirely healed.
	5	p. m.	102°	112.	Nervous; morph. gr. $\frac{1}{4}$, hypod.; takes half tea-cup of broth occasionally.
	9:15	p. m.	101.7°	106.	Restless; morph. gr. $\frac{1}{4}$; at her request enema which brought away much flatus and a little fine matter.
5th day.	2	p. m.	100°	88.	Removed two more stitches.
6th day.	9	p. m.	99°	82.	Removed remaining three stitches; solid food allowed; patient well.

No apology is necessary for the report of the after-treatment. Thanks to Tait, we now do not hesitate to purge laparotomy cases almost immediately after operation, when they suffer from persistent or bilious vomiting, tympanites, or peritonitis. Anyone who has witnessed the remarkable improvement, in these cases, occurring immediately after the passage of flatus, will speedily become a convert to the modern views. It seems not impossible that the time will soon come when a mild purgative (such as calomel) will be given a few hours before laparotomy, so as to produce its effect within the first twelve hours after the operation. Until gas has escaped, no food or drink should pass the patient's lips (Keith). If you fear the effects of a few days' harmless starvation, inject peptonized milk into the rectum.

This case seems to exemplify the maxim, that to tap an ovarian cyst is a crime. Had this cyst not been aspirated, suppuration and the formation of dense adhesions would probably not have occurred, and the danger attending its removal would have been materially diminished.

121 Winston street.

DENGUE FEVER: ITS SEQUELÆ.

BY T. A. CRAVEN, M. D., LOS ANGELES, CAL. (LATE OF ARLINGTON, TEXAS).

It was during the latter half of the eighteenth century, or only just a little over one hundred years ago, that we first had any authentic history of Dengue, or "Dandy Fever," as it was then called.

Although quite probable that it had prevailed at different times in Asia and Africa for centuries, yet the medical history of the disease can be traced only as far back as the year 1764, when it is known to have existed in some of the Provinces of Spain.

It is supposed to have visited the city of Philadelphia in the year 1780—having been described at that time by Dr. Rush as "bilious remittent" or "breakbone" fever.

Of this, I must say that I am somewhat skeptical. For it would seem rather unreasonable for a disease, that is now known and recognized as confining its habitation to tropical and subtropical latitudes, should have prevailed as far north as Philadelphia, and that but once in a period of over one hundred years; more especially when we remember that it has visited the southern portion of the United States, perhaps on an average of once in every eight or ten years.

In a short article, as this will have to be, I cannot enter into a full clinical history of this peculiar disease; but will content myself in trying to faithfully delineate some of the special features of this disease, as observed by me in a thrice-repeated epidemic of which I had the misfortune to experience during the autumns of 1885-6-7; and more especially do I wish to direct attention to some of the most frequent *sequelæ* of this erratic, much-dreaded, and still not dangerous, disease.

During the years alluded to I was practicing medicine in North Texas, where up to that time the disease, if I was correctly informed, had never prevailed; although it had visited the coast region, and at times extended as an epidemic as far north as Waco, near 30° north latitude.

In July or August, 1885, the disease made its appearance in the coast counties and, rapidly extending northward, attacked, perhaps, about one-third of the population of the cities and towns, not extending into the country. During this epidemic

it did not extend beyond the line of the T. & P. R. R., or latitude about 32° N.; subsiding when cool weather came, about the first of November. Returning about the same time the following year, it spread rapidly over the State, extending this time to the northern boundary of the State, and attacking about three-fourths of those who had escaped during the preceding years; subsiding about the same time as before. Recurring again the following year, seemingly to glean what had been left during its former visitations.

Of these three successive epidemics, the violence of the symptoms and magnitude of the number attacked seemed to preponderate in the second, or middle, epidemic. That is, the first and third epidemics were of a milder form, and fewer were affected. In the latter case this is easy enough to explain, when we remember that it is an infectious and contagious disease, and that one attack usually removes the susceptibility, for a time at least, to a second.

But for an explanation of the first I have no theory to advance.

I know that its contagiousness has been denied by some of our latest authorities; yet I am fully convinced, by my experience with it, that it is an infectious and contagious, eruptive disease, with a well defined period of incubation, of from four to fourteen days, and limited in its duration to a period of from four to eight days.

There are many discrepancies in the clinic history of this disease, as described by the different authors of our text-books, due partly, perhaps, to the fact that many have never seen the disease, or if so only in a mild form, and also to the fact that climate may exert a modifying influence on the course and symptoms of the disease.

Of the immediate effects upon those afflicted with it, I noticed in my own person, and also in my patients, a muscular soreness, lasting for quite a while, after getting up. But the most striking feature was a peculiar mental lassitude, an indescribable feeling of mental indifference; the will power seemingly paralyzed for a varying length of time.

This feature of the disease led me to look upon it as a nervous affection, manifested in the nerve centers and terminal nerve filaments, including the vaso-motory system. The urticarious condition often appearing on the surface of the body and limbs, would point in that direction.

Delirium in the febrile stage and insomnia very often following, and continuing for some time, would lead us to think that there is a hyperemic condition and slight vaso-motor paralysis of the intercranial organs. Though owing to the disease, when uncomplicated, always terminating favorably, the pathological condition of these organs have not been determined.

The resultant effect on the female organs of reproduction is worthy of notice. Of the more immediate effects during the febrile stage, there is quite often a recurrence or an anticipation of the menstrual flow in the unimpregnated female—the discharge being dark and of tarry consistence, of very offensive, penetrating odor. This is often followed by some irregularity of menstruation, lasting in some for two or three years. This, in the otherwise healthy woman, was not of common occurrence.

In those cases where an abnormal condition had already existed, I think it quite probable that the disease, then existing, may have been aggravated, and perhaps the symptoms were magnified.

Appreciating the tendency of all invalids to date their infirmities back to the time of their last severe illness, I can very readily understand why so many women refer to their uterine maladies as having originated when they had dengue fever; for all diseases that I have ever had any experience with, this certainly caps the climax, in the way of searching out the weak points in our physical framework.

That it certainly has a detrimental influence on females who were previously affected, I think it rational to suppose; but that this deleterious effect can be greater than any other debilitating disease of similar character, further investigations are necessary in order to determine.

And now I wish to direct attention to, what seemed to me, some very important facts, as I observed them following in the wake of these successive epidemics that I have been alluding to, and that is, in the great increase in the number of cases of phthisis pulmonalis.

In the section of country where these observations were made, consumption was not common. I had met but few cases previous to this time, and scarcely any of those cases of quick consumption. After this, however, there seemed to be quite

an increase in the number of cases, and a very decided increase in the rapidity of its course. Cases occurred where no previous family predisposition to the disease could be traced, and in young subjects where no infectious inoculation could be determined. The rapid progress made by the disease was quite marked, many succumbing within a very few months.

Now, the query to my mind is: What effect, if any, can dengue have in causing phthisis? Could it have any causative relations? Or, was its effect nothing more than what can be said of every rapidly debilitating disease upon those who are predisposed to tuberculosis? Of course, it is reasonable to suppose that there is a rapid phosphatic metamorphosis, and perhaps some malnutrition going on during the febrile stage of dengue. But could that be of sufficient power to light the consumptive spark that was smouldering; or can it have any specific effect in developing that disease? In other words, cannot we indulge the idea, that some future investigator may find the relationship existing between the bacillus tuberculosis and the so-called microbic ptomaines of McGloughlin?

237 South Spring street.

A NEW YORK photographer poses the mouths of his female patrons before the camera by making them say some words over several times while the picture is being taken. He has different words for different kinds of mouths. When a pleasant, bland, and serene mouth is wanted, he makes the woman say "bosom." If she wants a haughty and distinguished attitude of mouth she says "brush." "Flip" makes a large mouth look small, and "cabbage" enlarges the mouth. An air of interesting melancholy is caused by the pronunciation of "ker-chunk," and for an expression of sweetness and resignation "s'cat" is the word.

FIRST Omaha Man—"Why, I thought Dr. Blank was your physician." Second Omaha Man—"He was, but I gave him up; he's a born idiot." "Oh, come now; you must be prejudiced." "Well, you can judge for yourself; he said there was nothing the matter with me but excessive eating." "Maybe it's so." "So! Why, I board."

SELECTED.

DRAINAGE OF A PULMONARY CAVITY.

BY E. T. BRUEN, PHILADELPHIA.

A MAN, aged 27, had all the physical signs of a large cavity in the lower lobe of the left lung. The history tended to show that the disease had originated in a pneumonia six weeks before. One and a half inch of the fifth rib was resected, just within a line drawn from the scapular angle, as the physical signs were most intense at this point. Pleural surfaces adherent. Large aspirator needle introduced for two inches in various directions; some little blood and air escaped, but no pus. A large-sized trocar was introduced in two directions, and, as it was thought that the cavity had been reached, a small drainage tube was inserted, and the wound dressed after the antiseptic method. By the next day an ounce of pus had escaped. On the second day, during dilation of the wound by a rubber catheter, suddenly several ounces of pus gushed through the sinns and escaped externally. Injections of fluids into the vomica could be coughed up through the bronchi. A probe could be passed seven inches directly into the chest, and the impulses of the heart could be detected along the probe. The general condition of the patient has steadily improved since the operation, and at date his temperature is normal, with greatly reduced cough and betterment of the general strength.

In such cases, pleural adhesions may be counted upon, whenever the cavity is large enough to allow operative interference to be considered.*

LAPAROTOMY IN A BLEEDER.

A PRIMIPARA was subjected to suture of the perineum and cervix at the Woman's Hospital, New York. Oozing from the wounds lasted for two or three days. Six months afterward, salpingotomy was made by Dr. C. C. Lee. Copious bleeding was seen during the operation from all cut surfaces

* Abstract of paper read before Philadelphia County Medical Society, November 9, 1887.

and from the entire surface of the broad ligament and from the pelvic walls. Ligatures and prolonged sponge pressure checked the bleeding and a drainage tube was adjusted and the wound closed, the patient having lost possibly a little more than a pint of blood. For four hours all went well, then profuse vomiting and symptoms of collapse were noted, and the tube was found full of blood. Dr. Hanks gave chloroform, opened the wound and found the pelvis full of blood. This was sponged out and the parts thoroughly examined. The entire surface of the broad ligaments and the base of the pelvis oozed steadily, and here and there more vascular points emitted a steady stream. Catgut ligatures, to the chief bleeding points, and torsion to others checked the bleeding. Twenty-six ounces of blood had been lost. Stimulants were given and, as there was much jactitation, morphine was injected. After four hours she was still blanched, and the pulse was almost imperceptible.

Dr. Outerbridge, the house surgeon, extemporized a transfusion apparatus from a tin funnel, a piece of fine rubber tubing and a blunt exploring needle, and, with the aid of a nurse alone, injected ten ounces of salted water, two and a half per cent strong and 100° in temperature. Rapid improvement. Transfusion repeated at the end of three hours, in order to insure durable results. For fear of vomiting, nothing was given by the mouth until the fourth day—not even a drop of water, and the patient was sustained by enemata. Recovery was complete.*

HYSTERECTOMY FOR FIBROMA MUST GO!†

I SAY it deliberately, hysterectomy is an operation that has done more harm than good, and its mortality is out of all proportion to the benefits received by the few. What is the mortality of this operation, now so often and so unnecessarily performed? We shall never know. I put it at 25 per cent, though it is probably much higher. I may be wrong; others can correct me by giving their total results. In other words, one out of every four women operated on by hysterectomy

* Dr. Charles Carroll Lee, in *New York Medical Record*, November 12, 1887, p. 616.

† Keith in *British Medical Journal*.

has till now died after an operation for the removal of a tumor that has, as a rule, a limited active existence, and that of itself rarely shortens life. We have no right to rush our patients into such a fearful risk, yet this is done every day. In abdominal surgery responsibility seems to have become old-fashioned and gone out of date.

Fortunately for those afflicted with uterine tumors, it now matters little which of the old ways of operation is the best; whether the ovaries can be removed or not, whether the extra or intra-peritoneal method be the better way of performing hysterectomy, or whether the convalescence lasts in the one case six weeks, or in the other twenty days, the treatment introduced by Dr. Apostoli must take precedence of all others. The success of this treatment is a great fact, and in saying that I accept *toto animo* his teachings, I do not speak without some experience of his practice. We have already—my son and I—in scarcely five months, applied electricity in strong, accurately measured doses upward of 1,200 times, in considerably more than a hundred patients, the majority in cases of uterine fibroids. The labor has not been small—indeed it has been very hard—and it is not easy to get the science of the subject into an old head. On the other hand, it has opened out a delightful study, which increases in interest every day the deeper we get into it. When I came back from my holiday in the beginning of July there were waiting for me several cases for hysterectomy or for the removal of the ovaries for bleeding fibroids, and there have been others since. These have all gone home without operation, with menstruation almost normal, and improving after their return, with the tumors in every case reduced in size, with pain gone and with a freedom to walk about and enjoy life such as they were long strangers to. In one case only has there been a return of hemorrhage. The tumor had gone down two-thirds, she was apparently well, and, unwilling to detain her longer in town, she was allowed to go home too soon. All were more than pleased to have escaped the risks and miseries of a surgical operation that at once put their lives in peril. We—every one of us—consider far too lightly the misery that such operations cost our patients and their friends.

Should these improvements be permanent (and we have Dr. Apostoli's word for it that if the treatment be carried out

long enough such is generally the case, and, so far, I am able to indorse almost every statement that he has made), it follows that the field for hysterectomy, for the removal of ovaries for fibroids is narrowed down to the smallest limits. I have never been in favor of hysterectomy, simply because its death-rate is so high and because it is performed for the removal of a tumor that rarely kills. So strongly do I now feel on this subject that I would consider myself guilty of a criminal act were I to advise any patient to run the risk of her life—and such a risk—before having given a fair trial to this treatment, even were I sure that the mortality would not be greater than that which hysterectomy has given me in my private cases—under 4 per cent.

WHITTIER AS A HEALTH RESORT.

DR. E. A. FOLLANSBEE, Professor of Diseases of Children in the Medical College of the University of Southern California, has been recuperating at Whittier, and writes as follows to the *Los Angeles Times* :

One of the adjectives most frequently and appropriately used in connection with the eminently “proper” noun or name of Whittier is “phenomenal.” In this list of things phenomenal the one which, perhaps, has impressed me most is this : That it is utterly impossible for anyone who has spent twenty-four hours here—if he can use his pen at all—not to desire to sit down and write about the place ; to expatiate upon the beauty and desirability of its location, its climate, its rapid growth, the evidences on every hand of the solidity and permanence of its many enterprises ; and when that visit has fortunately been prolonged to twelve days, as in my own case, the desire becomes irresistible. * * *

Whittier is thirteen miles southeast of Los Angeles, and is named for our beloved national poet, who is taking much interest in his young namesake. It was projected by “Friends” and is known as the Quaker Colony.

In these days of many new towns the question is being sharply put to each one : “What reason have you for existence, aside from the universally acknowledged one in the interest of those who wish to dispose of ‘corner lots’?” Upon its ability to give a truthfully satisfactory answer its present and future depends, Whittier can, “without fear of successful contradiction,” maintain that, while those who are so fortunate as to possess real estate within her borders are to be most

heartily congratulated, she has, besides, substantial advantages over other towns.

First—In her location, which must be seen to be appreciated. The Puente hills, not rugged and frowning, but just sufficiently high and varied in outline to be beautiful, throw a protecting arm around her on the north and east, giving a beautiful slope facing south and west. This insures a sunny exposure and perfect natural drainage—an ideal winter location, you will perceive. The heat of summer is moderated by breezes direct and unobstructed from the ocean, twenty miles distant, making it also a delightful place of summer residence. The elevation is somewhat over 1000 feet. The highest point in the vicinity, and belonging to this estate, is Whittier Heights, 1500 feet high. To reach this a good road has been built up through a most romantic cañon, where are most enticing picnic nooks. A short distance from the mouth of the cañon is found a valuable deposit of brea. This is to be utilized in paving the streets. While at work here the men struck an oil well. Further developments in this direction will be made as soon as the completion of other more pressing work will permit.

Further up the cañon the reservoir is reached. Just here allow me to remark that the water supply of Whittier is a constant source of delight to me—it is pure and abundant. From the tunnels in the hills, the water is carried through a series of six filters, so that the sediment is deposited before reaching the reservoir. The latter is thoroughly constructed, and protected so that not even a stray fly or mosquito can find entrance, perfect ventilation being secured by screens, the doors are kept securely locked, and the keys in possession of a jealous guardian.

Onward and upward until a point is reached from which a view is had, the beauty of which the most gifted pen would fail to describe or pencil portray. Until I reached this spot I had always felt that, after all the trials and perils of the wilderness, it was hard that Moses had only been permitted to see the promised land; but here was a revelation for me, and I was certain that if the view spread out before him equaled in beauty that spread out before me he was amply compensated, and that his last day was his happiest.

Still higher, the observatory, from which can be seen, if not "the kingdoms of the world," certainly an extent of country whose wealth of soil, beauty of landscape, and happy homes, it would be difficult to parallel.

But we may not always remain on "the heights," and, once more on the beautiful sloping mesa, we notice the handsome residences, substantial business blocks, Friends' church, bank and other buildings. More prominent than any other stands the spacious and beautiful "Hotel Greenleaf," fast nearing

completion, and soon to be opened by Mr. A. D. Pickering, late of Chicago. It is said that it will be the most handsomely furnished hotel in Southern California. The name of Mr. Pickering is sufficient guarantee that it will be so finely kept that those who are so fortunate as to be his guests will consider that their lines have indeed fallen in pleasant places. A short distance to the south of the hotel is the hill upon which ground was broken last week for the Friends' College—to cost \$150,000—and which will be pushed to completion as rapidly as good work will permit. * * *

Streets are being rapidly graded and lined with trees, private grounds put in order, the small park adjoining Whittier's lot laid out in flowers, etc.

The railroad from Los Angeles to Whittier, to extend to Long Beach in one direction, and to Pasadena, out along the foothills, to San Bernardino, in the other, will be formally opened on Wednesday, March 7th, when a grand time is expected.

Mr. Crocker came out in his private car to see the road and the place. He expressed himself as greatly pleased and astonished with all he saw of Whittier, and promised to build a handsome depot there.

I am at an excellent hotel, where are found comfortably-furnished and neatly-kept rooms, and the luxury of "home" cooking. An abundance of whipped cream on the table three times a day is duly appreciated. * * * * *

THE SAD EXPERIENCE OF DR. COLBY.—Dr. Colby, of New Bedford, Mass., in 1840, while suffering from a sore finger, with inflamed axillary glands, derived from a necropsy, attended, within a few weeks, fifteen lying-in women. All the mothers died of metro-peritonitis, and all the children of erysipelas.

A MAN in Bathgate was present at the funeral of a neighbor, of whom no good could be said, but as everybody was saying something, and as he did not like to appear singular, and was incapable of a lying eulogy, he remarked that it was a "nice, quiet corpse."

RECTAL INJECTIONS of hot water are again recommended in cystitis and enlarged prostate.

EPITAPH over the grave of a dentist in a London cemetery

"View this gravestone with all gravity,
Jones is filling his last cavity."

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THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

A LOST ART.

It is not of the art of hardening copper to a cutting edge, an art which the ancients possessed, and which in the mists of the centuries has faded out from the memories of men, that the editorial pen would discourse, but of the art of walking.

Our ancestors were good walkers. At least, with that reverence for the past which is common to mankind, we give

them credit with being such. We as a generation are not. What will the next generation be? It has been predicted, a prediction based upon the rapidly increasing baldness of civilized man, that the coming man will be hairless. Others of the school of prophets say that with the continued use of fine flour and cooked foods, scarcely requiring mastication, the teeth will become superfluous and cease to develop.

Is this hairless and toothless man of the future also to lose his legs? In cities at least, the horse-car, the cable-car, and the elevator, have rendered him almost independent of them for locomotion. Will they also share the fate of other unused organs, and become only rudimentary in their development, lingering signs of a previous stage of evolution, just as the rudimentary tails, reported by veracious travelers as possessed by certain wild tribes in central Borneo, might be supposed to point back to a time when men swung head down from the branches of the trees with twining caudal appendage for support?

There are other causes at work besides the rapid development of artificial means of locomotion, to account for the change in the habits of the people and the loss of walking capacity. One of these is, no doubt, the discomfort of certain portions of the human dress, and their interference with freedom and ease of motion. The shoe is first at fault. The strength and the elasticity of the human foot lie in the arch running from the heel along the inner side of the foot to the great toe.

To walk well this line should be a straight one. In good walkers the inner side of the foot will make almost such a straight line. The shape of the shoe as prescribed by fashion, however, makes this a curved line by narrowing the toe of the shoe, and forcing the great toe outward. The strength and spring of the arch are thus destroyed, and easy, comfortable walking is an impossibility. Also, the cramping of the toes together in the narrow point of the shoe does not admit of the broad base of support for the weight of the body, which should be made by the spreading of the untrammelled toes. The trouble is still further aggravated by giving to the heel of the shoe an unnatural height, thus forcing the weight of the body forward upon the cramped and aching toes. Pain is thus added to the weakness already described. And then

come nature's protest against unequal pressure, corns. (Mem. The best of all corn cures would be to go barefoot for the summer.)

In women, to the disability arising from the improperly made shoe is added the dragging weight of the clothing at the hips, and the diminished power of respiration arising from the corset and tight lacing.

Men walk badly—women scarcely at all.

The writer vividly remembers a street scene of some years ago. Two American women, crippled by high-heeled, narrow-toed shoes, and with lung action impeded by restricted clothing, hobbling along the pavement with the ungainliness of a lame goose, while just before them, and watched in admiring envy by the two poor cripples, *walked* a Mexican woman, waist unhampered by corset, feet free in low-heeled slippers that were easy as moccasins, a swinging step that had the freedom and the grace of a panther in it—every sway of the lithe body the very poetry of motion.

The contrast was pitiable.

How much of the healthfulness and the joy of life we lose by our abandonment of the habit of walking, few realize until, through stress of circumstances, they are forced for a while to resume the habit. The writer some months ago was compelled to cease driving for a number of weeks, by an injury which did not, however, interfere with walking. Resuming at once the habit of earlier years and walking several miles each day, a chronic dyspepsia disappeared, appetite improved, weight increased, and a bodily vigor and capacity for work, to which he had long been a stranger, returned. And he then and there determined that, if hair and teeth must go, he will at least keep his legs.

THE teachings of Crede are tending toward the entire letting alone of the genitals during labor and the days succeeding it. This distinguished obstetrician, unless some abnormality presents, does not make a vaginal examination at all. His diagnosis is entirely made by external palpation and manipulation. Unless there are positive indications, therefore, he teaches that for eight or nine days after labor one should neither examine, wash out, nor do anything to the genitals.

APPENDICITIS.

APPENDICITIS and periappendicitis are the names now applied to inflammation of the vermiform appendix and of the tissues around it, which we formerly designated typhlitis and perityphlitis. Fitz,* in a monograph which has become classical, has given an excellent description of these diseases, and is particularly happy in the impartial manner in which he discusses their treatment by operation. Vickery† has published a number of typical clinical notes.

The cardinal symptoms are, pain in the right iliac region, fever, and localized swelling, which, on account of the abdominal distension, may be apparent only to the finger inserted into the rectum.

In some of the most desperate cases, however, the only symptoms are those of a diffused peritonitis, which in a few days kills the patient. The lesion here consists, generally, in perforation of the appendix, with the escape of foreign matter into the peritoneal cavity, before nature has had time to deposit a protective wall of lymph.

Any general practitioner, who has seen many of these cases, will tell us that nearly all recover without operation; but all of us have some unpleasant recollections of cases in which we treated patients for obstruction of the intestines, or for "idiopathic" peritonitis, in which an autopsy showed that the trouble originated in a perforation of the appendix.

The medical treatment is limited to the maintenance of absolute physical rest, the use of the most simple liquid food in small quantities, and the absolute relief of pain by opium.

In most cases an operation is not required. If the patient is doing well he is carefully watched, and when pus has evidently formed it is evacuated by incision and drainage.

What is the position of the surgeon in the explosive cases, where the symptoms from the first are merely those of severe general peritonitis, or when peritonitis occurs in cases which have previously pursued a mild course? He should, without losing an hour, make an exploratory laparotomy, and be guided as to his further course by the conditions found. It is but right to state that such cases have heretofore proved

* American Journal Medical Science, October, 1886.

† Boston Medical and Surgical Journal, January 12, 1883, p. 39.

fatal, with rare exceptions, whether an operation has or has not been made. On the other hand, it is certain that such operations have generally been postponed until the condition of the patient was hopeless.

The position of the surgeon is, then, one of armed expectancy. If he labor under the delusion (so apt to be nourished by the wild and vague clamor in favor of early operation, prevalent in these days), that nearly all cases of appendicitis need operation, he will have to blush for many cases in which he has made an opening, and found nothing to warrant his procedure. On the contrary, if he is too timid, too fearful of his reputation, he will delay until an operation is useless; the autopsy will disclose lesions irremediable except by operation, and he will not have the great consolation of feeling that the resources of his art were exhausted in behalf of his patient.

RHEUMATIC FEVER AND ITS TREATMENT.

"INFLAMMATORY rheumatism," said the venerable Smelfungus, throwing a cloud of smoke high in the air, "is now almost as much an opprobrium to doctors as it was when Jenkins laid down his celebrated plan of treatment—red flannel and six weeks in bed. At first trial, I was much taken with salicylic acid. But I soon found that it did not cure, but merely palliated the symptoms; if the pain disappeared temporarily, the pulse remained rapid, and I felt that the disease was merely masked. Patients treated with it remained as long under my care, but did not generally suffer as much, as with other plans of treatment. They were extremely prone to relapse, and, even after all the purely rheumatic symptoms had disappeared, were very weak and anemic, and could not eat. The fact is, salicylic is very hard on the stomach, causing an acute catarrh, and its use soon becomes impossible on account of the intense loathing it excites, which is sometimes so marked that the patient cannot take it in any dose. In cases where the serous membranes or the kidneys are affected, or where there is that intense bronchitis or broncho-pneumonia with pulmonary congestion, so common in rheumatism, I think it does harm, and have long ceased to use it: here it seems to weaken the heart.

Notwithstanding all that can be said against it, however, salicylic acid remains the best palliative.

"How do I use it? I prescribe the "dialysed" acid (such as is made by Squibb—not the old-fashioned acid which has such an odor and taste of carbolic) and bicarbonate of soda, of each half an ounce, of water two ounces, and of sirup of raspberry, enough to make a six-ounce mixture. The patient is directed to take a dessertspoonful, in two ounces of soda-water, every two hours, until the peculiar tinnitus aurium is produced, and then to diminish the dose, so that this tinnitus may continue barely noticeable, but not annoying. At the same time morphia is to be used to relieve pain. If, after half an ounce of the acid is taken, great relief is not felt, discontinue the drug; it will do more harm than good. If, on the contrary, it acts well, diminish the dose, so that not more than a drachm will be taken daily, until the patient has taken an ounce of the acid in all. Then wait for a relapse, which you may expect with great confidence. If it produces marked nausea, it will be useless to persevere with it. Of course, in the interval, you can give tonics, but I never see them do much good in these cases.

"There is a very obstinate form of subacute rheumatic fever, lasting sometimes six months or longer, in which salicylic acid does no good; nor does any drug with which I am acquainted.

"What do I do, when the acid fails? I make the patient as comfortable as possible by attention to details of nursing, etc., but have never found drugs to be of any use—except of course morphia, which relieves pain, and soon reduces the mind of the patient to a condition approaching second childhood."

CARBOLIC INJECTIONS FOR PILES, AGAIN.

"THE evil that men do lives after them," and mistaken plans of treatment live in foreign journals long after their originators have recognized their dangers. Probably very few educated American physicians now use *strong* carbolic injections for hemorrhoids. Many deaths have resulted from this unsurgical procedure, not to speak of abscesses and fistulas. Yet, now Sonnenberg* comes forward with a paper advocating

* Philadelphia Medical Times, Dec. 15, 1887, p. 173, from Berlin Klin. Woch.

the injection of twenty-five per cent glycerole of carbolic into the tumor, and claims that the pain attending the operation soon disappears, and that *no complications attend this method*. Now, in America, which has the questionable merit of having originated this treatment, so thoroughly are its dangers known among the laity, that we venture to say that four out of five patients afflicted with piles will not knowingly permit carbolic to be injected; and they are perfectly correct, unless they have a physician who, profiting by the misfortunes of others, knows enough to use *very weak and perfectly fresh* solutions, as advised by Haynes in our issue of November last. To emphasize these remarks, we will add another case to the disastrous list already given in the writings of Kelsey, Allingham, Andrews,* and others:

Three years since Prof. D., now of this city, visited Kelsey of New York, who injected a large hemorrhoid with a strong carbolic solution. Great pain and inflammation ensued; pus formed and was evacuated; a fistula resulted, for which a formal operation was required. In consequence of this operation a rectal ulcer remained, which required four months to heal. Eight months since we detected a large ulcer at the site of the fistula-operation, which healed only after five months' steady treatment.

PAGET'S VIEWS ON THE ORIGIN OF CANCER.

PAGET, in the Morton lectures recently delivered before the Royal College of Surgeons, England, contends that the whole study of tumors may find admirable illustrations in vegetable pathology. Thus tumors of homologous woody tissue (xylomas) are comparable to benign tumors found in human pathology; while the many varieties of galls may be taken to represent malignant growths. Xylomas are out-growths from healthy wood, which seems to have received no injury. Galls, of which more than a thousand varieties exist, are caused by the stings of insects. Each insect deposits its eggs, with the accompanying virus, on the plant which can form the right kind of gall. So cancer requires first the system which supplies the proper conditions for its growth, and then the specific virus that alone can produce cancer.

* See Review in this number.

HYDATID CYST OF LIVER SUCCESSFULLY DRAINED ACROSS PLEURAL SPACE.

IN a large hydatid cyst of the upper surface of the liver, Owen, of London, made an incision in the eighth intercostal space, opening the pleural cavity; air rushed freely in; the finger introduced, readily felt the diaphragm, which was bulging up against the inner surface of the chest wall, but the lung itself, completely collapsed, could not be reached. The phrenic pleura was then incised and with it the diaphragm. The finger passed through the diaphragm, came at once upon the tense cyst, from which a large quantity of fluid was aspirated. The cyst surface was then drawn up to the skin, wound and fastened there with four hare-lip pins. On the fourth day the cyst was incised, and a large flanged drain inserted. The cyst was washed daily with warm iodine water. Large quantities of bile-stained fluid and pieces of cyst wall escaped. Complete recovery.

FECAL ANEMIA.

FECAL anemia is the latest from Sir Andrew Clark, who seems to be in the habit of passing his summer vacation in dubbing some well known symptom with a new name. By this last offspring of his gigantic intellect, it may be thought he intended to designate a new disease, "anemia of the feces," just as cerebral anemia means anemia of the brain. Not at all! Sir Andrew, whose penetrating vision nothing escapes, has, after long and patient investigation, discovered that the form of anemia, called chlorosis, is generally associated with constipation, and to put his own private mark on his discovery has re-baptized it. Fecal anemia means, then, simply chlorosis. If the inference that constipation generally results in chlorosis is at complete variance with the facts, so much the worse for the facts.

Such verbal jugglery has a tendency to satisfy the mind with meaningless phrases instead of ideas. Thus "catheter fever," another of Clark's inventions, expresses no idea, but simply states a fact, while "renal inadequacy" gives a false prominence and a misleading indication for treatment, to a secondary and insignificant symptom.

TREATMENT OF PLACENTA PREVIA.

IN a case of the partial variety, attended with alarming hemorrhage, in which the os was one and a half inch in diameter, and the vertex presenting, Neale* performed external pelvic version and extraction.

"Without the slightest difficulty," he says, "I turned down the breech from the fundus to the os, by external maneuvers, merely making inverse pressure on the opposite extremities of the fetal ovoid, until the breech came down to the superior strait. Then holding the breech down with my left hand over the abdomen, I passed my antiseptic right hand into the vagina, and two fingers of the same through an os about the size of a trade dollar. A hand was first felt through the membranes, and then upon pressing down the breech more firmly from without a foot came within the grasp of my two fingers, index and middle, and was at once drawn through the os."

Bleeding now ceased. Steady traction brought down the leg and thigh, and finally the breech with the cord. Traction was increased, and patient delivered within thirty minutes from the beginning of anæsthesia. Both mother and child saved.

The writer lays down the following rules for these cases, which may be accepted as the latest and best dicta of our art. He follows Lomer, who, out of ninety-three cases, had but one maternal death:

1. Make an early diagnosis by touch.
2. Should the mother's life be endangered by hemorrhage, evacuate the uterus at any period of gestation.
3. As regards the treatment during labor, in cases of head or trunk presentation, make pelvic version, as soon as the os will admit two fingers, by the external or the combined method. Bring a foot through the os, which will generally stop bleeding. Leave delivery to nature, or complete it according to the urgency of the case.
4. "When the placenta is only felt marginally, when the head has entered the pelvis, when the pains are strong and hemorrhage not very profuse, then rupture of the membranes seems to be the right thing."
5. The antiseptic tampon should be used when the os is so undilated or undilatable that the finger cannot enter to grasp the foot. It should not remain more than four hours. The physician should stay in attendance until delivery is completed.

THE treatment of gonorrhea by sublimate injections, like nearly all therapeutic methods founded on theoretical notions, has proved to be a failure, and in Paris has been entirely discarded in favor of "the old stand-bys"—nitrate of silver and sulphate of zinc injections, with the balsams internally.

It is comforting to find that the boiling point of allylenedichlordibromide is 190°, while that of methylehlordibromopropylcarbinyhlchloride is about 142°.

* Paper read before Gynecolog. Soc., Baltimore, Maryland Med. Jr., Dec, 24, 1887, p. 143.

PLEURITIS: INDICATIONS FOR TAPPING.*

1. When the effusion is so rapid and large, and respiration is so seriously embarrassed in consequence that any delay in affording relief would endanger the life of the patient.
2. When the effusion has become purulent.
3. When after a reasonable period spent in endeavoring to procure absorption the effusion fails to diminish.

In serous effusions, use the aspirator. But when an empyema exists, make a fine incision and insert a fenestrated tube of sufficient calibre to insure free and complete drainage.

We think H. is too conservative in his treatment of serous effusions. For 17 years we have been in the habit of aspirating whenever the pressure of the fluid caused marked discomfort, and have never had any bad result from the operation. On the contrary, the relief is generally instantaneous. We have been credibly informed that in several large hospitals in Philadelphia aspiration of pleural effusions is almost invariably followed by empyema. If this is true, it is undoubtedly caused by imperfect cleaning of the aspirator. One very successful surgeon always uses a new needle for every new case. We never yet saw a nurse whom we could entrust with this important duty. In short, antisepsis is as essential to success in aspiration as in all surgery. The operator's hands and instruments and the chest wall should be thoroughly cleaned and then bathed with a ten per cent carbolic solution.

F. L. H.

FLORIDA AND CALIFORNIA.

M. CASSAT writes a letter to the editor of the *Lancet-Clinic*, from Jacksonville, Florida, in which he says: "Wheat, corn, oats, barley, rye, grasses for hay, and in fact everything that grows in the North, and thousands of things unknown there do well here. California lands are bare of vegetation unless irrigated, while here there is not a spot but is covered with vegetation of some sort."

How much pleasanter it would have been for M. Cassat writing from Florida to have confined himself to a description of that State, instead of jumping—in his mind—across the continent and attempting to describe California.

The fact is, in California there is no irrigation except in raising fruit. The immense wheat and barley fields in this State are never irrigated. It is true that in Jacksonville the average annual rainfall is fifty-three inches, while in Los Angeles the average annual rainfall is but thirteen inches; yet with this small amount of rain, coming opportunely as it does, the Californian raises abundant crops of grain.

* From lecture by Hutchinson, Penn. Hosp'l, Phila. Phila. Med. Times, Jan. 21, '88, p. 85.

THE STATE SOCIETY.

DR. R. H. PLUMMER, the president, visited almost every town in Southern California last month, arousing interest in the approaching Eighteenth Annual Session of the State Medical Society.

The prospect is that there will be an unusually large attendance. The meeting will be held in B'nai Brith Hall, 121 Eddy street, San Francisco, April 18th, 19th and 20th.

The San Francisco hotels have agreed to give a discount of 33½ per cent on their regular rates to all regular physicians attending the Society. This discount applies to the families of physicians also. The railroads also give a third off. Physicians, who expect to be present, should write to Wallace A. Briggs, M. D., Secretary, Sacramento, Cal., for blank receipts to present at railroad ticket office. The Steamship Company also make a discount of 25 per cent.

"CALIFORNIA OF THE SOUTH."

TWO of the editors of the SOUTHERN CALIFORNIA PRACTITIONER, being very human, take a personal pride in the extensive sale this book, from the publishing house of D. Appleton & Co., is having.

Messrs. Stoll & Thayer, the Los Angeles booksellers, report the February sale from their house alone at over three hundred copies, and that they are receiving orders from all points in Southern California. We are glad to know that so many physicians are purchasing this work; it will do much toward familiarizing the medical profession with the peculiar advantages of the numerous climatic resorts and mineral springs of this section.

The reviews have been numerous and, as a rule, very complimentary.

The New York *Observer*, in speaking of this work, says: "This book meets a want. The increase of travel to Southern California, the rapid population of its healthful regions, and the desire of multitudes to obtain correct information about a region which has been called the 'Riviera of the United States,' give a value to a carefully prepared and trustworthy volume like this. No person contemplating a journey for health to California should go without reading it, and for one who proposes to make this land his home for any length of time, it is invaluable."

EDITORIAL NOTES.

A NEGLECT of antiseptic precautions, says Howard A. Kelly, of Philadelphia, is criminal in any form of surgery. But this may be carried out with nothing but soap and water. The development of an antiseptic conscience is the chief point.

THE late Dr. Frank E. Polin, of Springfield, Kentucky, was the first regular graduate in medicine in this country to use any form of uterine suture. His operation was a successful Cæsarian section and he employed silver wire.*

TO WASH OUT THE STOMACH.—A soft rubber probe-pointed tube is used. Of this Tiemann of New York makes an excellent quality, and every physician and druggist should keep one or more. The patient is placed in a sitting position, with the head thrown somewhat backward; the tube is warmed and greased, and passed slowly into the œsophagus for about eighteen inches, or until the passage of gas announces its arrival in the stomach. A funnel is now fitted into the tube, and held on a level with the mouth or higher. Water, either pure or medicated, is poured into it, until no more will pass downward. The stomach is then emptied by lowering the funnel below the level of that viscus.

CEREBRAL ABSCESS—TREPHINING—RECOVERY.—A boy, aged nine, who had had an offensive discharge from the right ear for a year, was seized with severe pain in the affected ear, vomited, and became drowsy; frequent rigors; tenderness over mastoid process. The mastoid cells were opened by the chisel. Two days later the symptoms returned. Finally ptosis of the right eye appeared, and it was decided to trephine the skull. A half-inch disc of bone was removed from the squamous portion of the temporal, at a point an inch and a half above, and half an inch behind, the center of the external auditory meatus. When the dura was opened, the brain-tissue rose above the external level of the osseous cavity. A hollow needle was inserted, and, after it had penetrated about three-quarters of an inch, foul gas and a fluid escaped, and when inserted a little further offensive pus flowed. The aperture in the brain tissue was enlarged by forceps and necrosed brain substance removed. As pus continued to ooze, an aperture

* R. P. Harris, in *Pittsburgh Medical Review*, January, 1888, p. 20.

was drilled into the base of the skull, just above the osseous boundary of the external auditory meatus, involving the squamo-petrosal suture, the dura opened and the abscess reached. A saturated solution of boric acid was thrown in and passed out through the upper opening. Chicken bone drainage tubes were inserted. Strict antiseptic precautions and dressings. At the end of six weeks the child was quite well.*

SLITTING THE FORESKIN BETTER THAN CIRCUMCISION.—Many years since, Sayre proclaimed the discovery that certain reflex nervous symptoms originated at times in irritation of the glans penis, produced by smegma or by adhesions to the prepuce. To relieve this he practiced circumcision. While this discovery has proved invaluable to a few cases, it is sad to think how it has made countless thousands mourn the discomforts arising from the exposure of their glandes penium to this cold, cold world. The relentless fury with which little boys were circumcised knew no abatement until the still, small voice of Willard, of Philadelphia, was heard saying, "Know thyself and the normal condition of thy glans penis! Is it not natural that such a sensitive organ should be protected under the tender shelter of the foreskin; and in a state of nature is not so protected? Do you not feel more comfortable with the glans covered?" The sweet reasonableness of this proposition, combined with a little personal experience of the discomforts arising from the friction of a bare glans against the clothing produced a reaction amongst those of the profession who had heretofore thought that the prepuce was made long for the sole purpose of being cut short. A late repentance has also overtaken Sayre, and he now advises that the glans be liberated, *where required*, by slitting. A grooved director is pushed under the prepuce, and enough tissue divided with the curved bistoury to allow the prepuce to be thoroughly retracted. Adhesions are broken up and smegma removed. Finally, a stitch on either side of the incision, between the skin and the mucous membrane, may or may not be required.

IN the stomach of Barnum & Bailey's elephant, "Alice", who lost her life by fire in November, were found over 300 pennies, part of a pocket-knife, four cane ferules, a piece of lead pipe, and some pebbles.

* Barr, Arch. of Otology, XVI, 2.

LAPAROTOMY FOR PERFORATION PERITONITIS.—Lücke, of Strassburg, operated on a man who had suddenly begun to collapse after drinking a glass of cold beer. The spray was used for a quarter of an hour before operation and warm sublimate solutions placed on the abdomen. A median incision below the navel allowed pus and a small quantity of gas to escape. A fenestrated tube passed into Douglas' sac drew off pus. The ileo-cæcal region and the appendix were found free from perforation. In 54 days the patient got up, having no fever, but localized tympanites in the region of the liver. On the 59th day the patient grew worse: soon pain in the liver region was noted and dulness from the fourth rib to three or four inches below the free costal border, and laterally to the middle line. Puncture under the border of the ribs gave pus. On 67th day after first operation an incision was made parallel with the free border of the ribs in the right side, and about 3000 ccm of pus evacuated. Through the wound the upper surface of the liver could be felt and above the costal pleura; below, the finger passed through an opening toward the abdomen, and by pressure a quantity of pus was evacuated. A large drainage tube was inserted and iodoform gauze applied. It is most probable that a sacculated peritonitis had been set up in the right side, the starting point being the seat of the former peritonitis (caused by a minute intestinal perforation in the intestine in the right hypochondrium), had penetrated the diaphragm and ruptured the pleural cavity. The tube was thrown out and the wound caused so much trouble that on the 85th day after the first operation it was enlarged, a portion of the seventh rib was resected and a large quantity of pus escaped. Complete and rapid recovery.*

CHILDBIRTH IN A RAILWAY CAR.—Dr. Osler, in the *Canada Medical and Surgical Journal*, January, 1888, relates the details of the following case:

A IIIpara visited the water closet of a car and while on the seat was seized with labor pains. The child dropped through the hole. The train was stopped and the child was found a mile or more away, uninjured, except for some bruises. Both mother and child did well.

TARNIER, by the use of his peculiar receptacle (figured in Lusk's *Obstetrics*), succeeded in rearing two infants born at five months.

* Abstracted from *Journal of American Medical Association*, January 28, 1888, p. 116. A number of important laparotomies, by Bontecou, are reported in this number.

THE INDUCTION OF PREMATURE LABOR BY TARNIER'S METHOD.—This method, probably the best ever devised, has been used by Pinard, in thirty-four primiparæ, all of whom recovered. The instrument used consists of a rubber tube, terminated by a dilatable rubber-bag, with a metallic conductor. The rubber sac when dilated is as large as an egg. To use it, the rubber tube is fixed in the metallic carrier, and injections of water are used to expel air; notice must be taken of the quantity of water required to dilate the sac. The introduction is made into the cavity of the neck as usual, except that Tarnier's instrument need not go far in, as it is a dilator as well as an exciting instrument. The syringe now quickly dilates the bag with the quantity of water before determined.*

PERMANENT SUPRA-PUBIC TUBAGE OF THE BLADDER FOR ENLARGED PROSTATE.—A gentleman, aged 64, had a stone weighing 142 grains removed by rapid crushing at one sitting. After a period of improvement, severe symptoms reappeared, and a digital exploration of the bladder was made through the perineum. The prostate was so large that the neck of the bladder could with difficulty be reached by the finger, but notwithstanding a sac containing calculi was discovered. Opening the sac with a scalpel, six faceted stones were removed. The relief afforded by this operation was but temporary and the patient required frequent catheterization and large doses of morphia. The high section was now performed, and an adherent fibrinous layer containing much phosphatic deposit peeled from the mucosa. A tube was placed in the wound, and after a month a silver plate adapted to the opening, and fitted with a tube and urinal. All the attention now required was the removal and cleansing of the apparatus and washing out of the bladder. Perfect recovery.†

HYDROPHOBIA.—Prof. Whitaker, of Cincinnati, has recently had the rare opportunity of exhibiting a case of hydrophobia to his class. As he pointed out, clonic convulsions confined to the muscles of deglutition and causing intense dysphagia and dyspnoea, are peculiar to this disease.

ACUTE ALCOHOLISM should be treated by the immediate withdrawal of alcohol, says Prof. Carpenter of New York.

* Paris letter—Philadelphia Medical Times, Dec. 15, 1887, p. 180.

† Sir H. Thompson, in the British Medical Journal,

TREATMENT OF REFLEX URETHRAL NEUROSES.—An attempt should be made to correct the impression so prevalent among men, that man's chief mission upon earth is the procurement of material wherewith to cloy his sexual appetite. Once dispel the idea that his penis and testicles constitute the axis around which his earthly existence revolves, and one will have done more for his patient than if he had fed him the entire contents of a drug store. Having allayed sexual disturbance of a purely mental or moral character, it remains for us to procure for our patient physical sexual rest, it being a matter of nice judgment to determine whether moderation or strict continence is best for the patient's welfare. In a general way, it may be said, that those neuroses which are dependent upon or complicated by actual inflammation, acute or chronic, demand absolute continence; while in those of a purely nervous character, moderation is to be advised.*

COTTON-GRAFTING.—In an obstinate ulcer, the depression was filled with absorbent cotton, saturated in sublimate solution 1:500; strips of adhesive plaster held the cotton in place, and it was covered by borated cotton, over which antiseptic gauze was applied, and the whole closed with strips of rubber plaster. Rapid recovery.—(Perl, in *Jr. Am. Med. Assoc.*) While publishing this for the benefit of those who are anxious to try new plans of treatment, we believe that no peculiar benefit is to be derived from sponge or cotton-grafting, and that the older plans of treatment, as modified by antisepticism, give excellent results. Recent researches have shown that the sponge-graft is not organized, but serves merely for a framework for the growing tissues.

Cocaine is the latest cure for tetanus, says Lopez, in *El Genio Medico Euirurgico*, February 8, 1887. He reports a successful case, in which it was used hypodermatically.

TOTAL abstainers have an average duration of life exceeding by six years that of moderate users of even the lighter alcoholic beverages, such as wine and beer.

AN ELECTRIC GARMENT is now advertised. It may be briefly described as a zinc undershirt and copper drawers, with a fool between to complete the current.

* Lydston, *Western Medical Reporter*, Dec., 1887, p. 283.

GERSTER, having lost a case from chloroform, advises that it should never be given to one who is in deadly fear.

SCHAPIRO records a case in which pernicious anæmia was cured by the removal of a tape-worm.—*Lancet*, Oct. 8, 1887.

SALICYLIC ACID should not be used as a dentifrice or mouth-wash. Schlenker has shown that a sound tooth loses its gloss completely when placed in a solution of salicylic acid, 1:1000. Alum is likewise injurious to teeth.

DR. PARKER, the gentleman who was paid \$700 for delivering a eulogy on Beecher, said, a few days ago, that this country was doomed to a general smash-up. At last accounts the country was getting along quite nicely, thank you; but how about Dr. Parker? As Goldsmith remarked on a similar occasion: "The man recovered of the bite; the dog it was that died."

JAMES A. STEWART, of Wichita, Kansas, is reported to have been sentenced to seventeen years and four months in the county jail and fined \$20,800, with costs of prosecution, for the violation of the Prohibition law. He was a drug clerk in the West End Drug Store, and pleaded guilty to an indictment containing 20,800 counts, at the same time as did Herman, the proprietor of the place. The latter cannot be found. It has since been reported that the young man has been allowed to run away, and that the Governor has reduced the sentence to six months imprisonment.

WORCESTERSHIRE SAUCE.—The *Citizen* is responsible for the following, referring to the death of Mr. Perrins, the Worcestershire sauce-maker: "Messrs. Lea and Perrins retired some years ago from their chemist's business (now in other's hands), and devoted themselves entirely to the sauce manufacture. The original recipe was for curry powder. It was brought from India by the late Sir Charles Grey, Chief Justice, and given by him to his relative, Mrs. Grey. While on a visit to the then Lady Sandys at Ombersley, she gave it to her hostess, who had it made up at Lea & Perrins'. They retained the recipe, and a happy thought struck them of putting the ingredients into solution and forming a sauce. The result is seen in £665,000 personality. Mrs. Grey, who gave the recipe, fell into straightened circumstances, but I never heard that Lea & Perrins sent her a £50 note."

CORRESPONDENCE.

THE CHINAMAN'S TEETH.

DR. TALBOT (of Chicago) says, speaking of irregularities, "There are never any irregularities in the teeth of the Chinese. The nomadic races also have perfectly developed teeth or arches. In new countries irregularities may result from inter-marriage of different races—the crossing of racial peculiarities. The abuse of the teeth is due to depraved hygiene—not to civilization. The nearer the monkey, the further from man, the better the teeth; the less we depend upon them, the less perfect they become."—*Western Dentist Journal*.

After quite an extensive examination of the teeth of the Chinese, I feel that the statement of Dr. Talbot is based upon anything except actual observation. A regular denture among them is more of a rarity than among the whites. In meeting them upon the street the various irregularities are constantly observed, and upon closer examination all the diseases common to the whites are found. I have observed all forms of irregularities, and am fully conscious that irregularity of the teeth is as prevalent with the Chinese as with any other race.

E. L. TOWNSEND, D. D. S.

237 South Spring street, Los Angeles, Cal.

We can confirm Dr. Townsend's observations.—EDITOR.

SACCHARINE A FAILURE.

EDITOR PRACTITIONER: In looking over the December number of your esteemed journal, I noticed an account of the above drug, given by Dr. C. Fahlberg, in which he speaks in words of praise of its many good qualities, among which is its power to disguise the intensely bitter and disagreeable taste of quinine.

As quinine plays an important part in every physician's practice, there is none of us but what would hail with delight the discovery of a drug, or harmless compound, that we could prescribe with quinine, to the effect of making it tasteless.

Hoping that chemistry had, in *saccharine*, brought about that most desirable end, I ordered, through the druggist, 1 oz. of *saccharine*, prepared by Zehn & Fink, New York.

I have prescribed it with quinine in three cases—as good as

a thousand—to test it, and, by a hard stretch of imagination, believe that it somewhat shortens the taste of quinine, but in nowise do I believe it disguises it. It may be just the thing for diabetes mellitus, nay, make the dyspeptic sigh for a taste of it, make the obese grow thin, with all his bodily organs remaining in a healthy condition. But, Mr. Editor, if you will go to the trouble to try either of the following prescriptions, you will find the bitter taste is there as strong as ever :

Saccharine,	. . . . .	Half drachm.
Quinine Sulph.,	. . . . .	Half drachm.
Acid Sulph. dil.,	. . . . .	30 drops.
Vini Portensi,	. . . . .	1 ounce.

M.

Sig.—Teaspoonful every two or three hours.

Saccharine,	. . . . .	Half drachm.
Quinia Sulph.,	. . . . .	20 grains.
M. et ft. Chart. No. x.		

Sig.—One powder every two hours for a child 3 years old.

Quinia Sulph.,	. . . . .	One scruple.
Saccharine,	. . . . .	Two scruples.
M. et ft. Chart. No. x.		

Sig.—One powder every two or three hours for a child 10 years old.

Yours respectfully,

J. WILL GRAHAM, M. D.

Los Alamos, Cal., Feb. 8th, 1888.

Thanks for this practical bit of experience. Elixir Yerba Santa, prepared according to the formula published in the SOUTHERN CALIFORNIA PRACTITIONER for October, 1886, is superior to any other carrier and disguiser of quinine we have ever used.—EDITOR.

NEW LICENTIATES.

SAN FRANCISCO, February 1, 1888.

The following persons, having complied with all the requirements of the law and of the Board of Examiners, were unanimously granted certificates to practice medicine in the State :

Fred. Baker, M. D., San Diego, Medical Department University of Michigan, July 1, 1880.

Charlotte Le Breton Johnson Baker, M. D., San Diego, Medical Department University of Michigan, June 30, 1881.

H. O. Brink, M. D., Brentwood, Cooper Medical College, Cal., November 17, 1887.

Matilda Watson Burns, M. D., Guernville, Cooper Medical College, Cal., Nov. 17, 1887.

Edwin Carson, M. D., San Diego, Miami Medical College, Ohio, March 1, 1883.

Francis Marion Casal, M. D., Santa Barbara, Rush Medical College, Ill., January 27, 1864.

Frederick Payson Cave, M. D., El Monte, University City of New York, March 12, 1883.

Joe D. Davidson, M. D., Fresno, Vanderbilt University, Tenn., March 1, 1882.

Orville S. Ensign, M. D., Ontario, University of Michigan, Mich., July 1, 1880.

Elizabeth Gallimore, M. D., San Jose, Cooper Medical College, Cal., November 17, 1887.

Edward V. Jarrett, M. D., Fowler, Atlanta Medical College, Ga., March 4, 1884.

Emma Caroline Lafontaine, M. D., San Francisco, Cooper Medical College, Cal., November 17, 1887.

James Lang, M. D., Pasadena, Bellevue Hospital Medical College, N. Y., March 1, 1879.

Elbert Nelson Mathis, M. D., Los Angeles, Rush Medical College, Ill., Feb. 19, 1884.

Asa P. Meylert, M. D., San Francisco, University of the City of New York, July 2, 1856.

William Abram Norman, M. D., Plymouth, Cooper Medical College, Cal., November 17, 1887.

Albert Edward Phelan, M. D., San Bernardino, University of Bishop's College, Canada, March 31, 1887; College of Physicians and Surgeons, Province of Quebec, Canada, May 11, 1887.

William E. Reardon, M. D., San Francisco, Medical Department University of California, Cal., November 15, 1887.

David William Reid, M. D., Monrovia, St. Louis Medical College, Mo., March 3, 1868.

Tullio Antonio Rottanzi, M. D., San Francisco, Cooper Medical College, Cal., November 17, 1887.

Hanson Edward Stroud, M. D., San Francisco, Medical Department Colorado State University, Colorado, June 3, 1885.

George Morton Terrill, M. D., San Francisco, University of Pennsylvania, Penn., April 13, 1883.

Wesley Thompson, M. D., San Bernardino, Miami Medical College, Ohio, March 2, 1869.

Henry Utley, M. D., Pasadena, The New York University, N. Y., July 3, 1848.

M. Ella Whipple, M. D., Long Beach, Medical Department Willamette University, Or., March 26, 1883.

J. W. Wood, M. D., Long Beach, College of Physicians and Surgeons, Chicago, Ill., March 13, 1883.

Elizabeth Mildred Yates, M. D., San Francisco, Cooper Medical College, Cal., November 17, 1887.

The application of Julius Wetschek, San Diego, was by unanimous vote refused, owing to insufficient credentials.

WM. W. LAWLOR, M. D., *Secretary*.

BOOK NOTICES.

THE RULES OF ASEPTIC AND ANTISEPTIC SURGERY. A Practical Treatise for the use of Students and General Practitioners. By ARPAD G. GERSTER, M. D., Professor of Surgery at the New York Polyclinic; Visiting Surgeon to the Mount Sinai Hospital and the German Hospital, New York. Illustrated with 248 engravings and three chromo-lithographs. 332 pages. New York: D. Appleton & Co. 1888.

The motto for this book may well be that in surgery "Cleanliness is better than Godliness." The principles of antisepticism are clearly explained, and their application to a large number of operations minutely described. In short, this work may be taken as a complete and detailed review of the work of an accomplished and successful metropolitan surgeon, with strong tendencies toward German theories and methods. To these very tendencies are to be credited much of the value of the work: we are carefully instructed in operations which receive no mention in most purely American text-books, and while, perhaps, we will not always think it best to follow foreign procedures unhesitatingly, yet the most conservative reader cannot fail to receive invaluable hints.

The writer strikes the keynote with no uncertain sound:

"It cannot now be successfully denied that the *surgeon's acts determine the fate of a fresh wound and that its infection and suppuration are due to his technical faults of omission and commission.*"

Probably no single reader of THE PRACTITIONER doubts this, but you may meet, somewhere, remote from civilization and the elevating influences of medical journalism, a practitioner (or shall we say mal-practitioner?) who will dispute it, and therefore we subjoin a part of the immense mass of evidence which has been accumulated in its support.

Reyher treated eighteen fresh cases of gunshot fracture of the knee-joint aseptically. Mortality, 16.7 per cent.

Nineteen cases were not seen till suppuration had become well established and then were treated antiseptically. Mortality, 85 per cent.

Twenty-three cases were not subjected to any form of antiseptic treatment; but one survived. Mortality, 95.6 per cent.

Under antiseptic dressing, we are told, gaping defects, which cannot possibly unite by adhesion, will heal without suppuration. But you must take care, especially in cases where tissues of low vitality are involved (as bone, fasciæ and tendons), to use protective (rubber tissue, well soaked in carbolic solution), so trimmed that it will cover the wound and just overlap the edges. Otherwise, evaporation from the surface of the wound will lead to its necrosis despite rigid asepsis.

The bungling treatment which Garfield received just after he was wounded, is made the text for some wise advice:

"The surgeon's first object should be in these cases *not to spoil matters by hasty action and ill-considered zeal.*" Apply a temporary antiseptic dressing, until you can place your patient in a position to receive proper treatment. If the patient's "first attendant be one of the still numerous band to whom wound infection by dust and filth, adherent to hands or a probe, be a myth, woe unto him! Without previous cleansing, immediate probing of a gunshot wound of a vertebra, for instance, accompanied by digital exploration, will be performed on the patient extended on a mattress laid on the dirty floor of a railroad station." The bullet will not be found. The wound will be infected. "Suppuration, that might have been avoided, will surely set in and the patient is doomed. No amount of consultation can devise a way, for no surgical skill can establish efficient drainage of the inaccessible parts of the wound. The chances of recovery were thrown away here from the start." Pages 29, 30 and 31.

It may then be now considered as fully established that most gunshot wounds are aseptic: *as a rule*, search for the projectile in the bottom of the wound is not indicated.

"It is even not necessary to remove a projectile lodged under the skin. Let the wound heal, then its removal cannot lead to an infection of the bullet-track." p. 34.

Our author everywhere advocates free and large incisions:

In ligating arteries, the sheath can be opened for half an inch. This is a marked differ-

ence from older writers who tell us to make an incision in the sheath only large enough to admit the aneurism needle.

The strangulating bands in cases of hernia should be divided by gradual section of all tissues from without inward, though this often converts a herniotomy into a laparotomy.

Bad cases of club-foot are treated by open incision of all resisting tissues.

Abdominal tumors should be removed through an adequate incision, "the principle of SAFE DISSECTION UNDER THE GUIDANCE OF THE EYE being herein of the first importance."

Of the Esmarch apparatus, for producing artificial anemia, the constricting portion is alone retained. Instead of the rubber roller to the limb, he advises previous vertical elevation. Here we must find fault with the author, in that he allows the use of a round tube as a constrictor. We believe that the bad results following the use of this have, almost without exception, lead to its abandonment in favor of the broad band.

In the treatment of fracture of the patella, a timely conservatism is shown: arthrotomy and suture of the fragments is not advised, except in cases where a faithful trial of the usual treatment has resulted unfavorably.

The open treatment of the wound in the operation for the radical cure of hernia is efficiently opposed. The fact that laparotomy wounds, which do not heal by adhesion, regularly terminate in hernia is an unanswerable argument against it. p. 132.

In so extensive a work, it would be strange not to find some faults. The microbe is perhaps fought with too much virulence, and antiseptics used against him too constantly. In our humble opinion, pure boiled water, which has proved so useful in abdominal surgery, may well be trusted in the preliminary cleansing of wounds, and we would follow it by moderate but thorough application of more dilute sublimate solutions than are advised by Gerster. Antisepticism is a wonderful principle in promoting successful surgery, yet we must not forget that, the agents used to poison germs, have been proven to have had, in many instances, when employed for this purpose, a deleterious effect on the patient, and even on the operator, and therefore not use them recklessly, but only in sufficient quantities to effect our purpose.

The illustration of the appearance of a stump "sutured and drained" (p. 71), serves a very useful purpose in showing us how not to suture an amputation wound. The "completed quilled suture, of abdominal incision," shown on p. 139, is fearfully and wonderfully made.

We believe that the practical surgeon will be amply rewarded for a careful study of this volume. If he will carefully "read up" in it before performing operations, it will be strange indeed if he do not receive much important information.

As regards mechanical execution, the volume is almost unique in its excellence.

F. L. H.

INTESTINAL DISEASES OF CHILDREN. By A. JACOBI, M. D., No. 5 of Physicians' Leisure Library. Detroit, Mich.: Geo. S. Davis, Publisher. Price 25 cents. For sale by Stoll & Thayer, No. 3 South Spring street, Los Angeles.

This volume, by Dr. Jacobi, of New York, covers the entire ground embraced in its title; every phase of intestinal disease is discussed, and every thing relating to the Physiology, Hygiene, Pathology and Therapeutics of each form of malady is touched on. Every topic in the volume is handled with equal fidelity. In some cases, Dr. Jacobi differs from opinions which have been indorsed by the majority of the medical profession. He does not, in such cases, stop to argue the case, but, making the best statement of his opinions he can, he goes ahead. Thus, in speaking of selecting cows' milk on which to hand feed an infant, he advises that the preference be given to the mixed milk of the dairy, and not to the milk of one cow, as has usually been thought the better plan. The reason which he gives for this has, at least, the merit of plausibility. It is this, that there is no reliable guide in the selection of a milk, and that while the mixed milk is not the best which could be selected, it is yet much better than the worst.

The section devoted to "Diet of Wet-nurses" is perhaps the only thing in the book which should be criticised. It is, like many similar articles on the subject of diet for both sick and well persons, vague and indefinite. The keynote to the matter is that the appetite of the woman will head off all the chemistry in the world in selecting the proper food. Within limits, she is apt to crave the proper food, at least the things *she does not like* will never keep up the flow of milk. Milk made from the "moderate use of beer", either in a cow or woman, is the worse for the beer. Alcohol interferes with every digestive and eliminative process. With these exceptions, the teachings of the book are in every way commendable, and it should have a place in every physician's library.

ON A NEW TREATMENT OF CHRONIC METRITIS AND ESPECIALLY OF ENDOMETRITIS, with Intra-Uterine Chemical Galvano-Cauterizations. By DR. GEORGES APOSTOLI, Free Professor of Electro-Therapeutics at the Practical School, etc. With nine figures in the text. Translated by A. Lapthorn Smith, B. A., M. D., Member of the Royal College of Surgeons of England, etc. 119 pages. 1888. George S. Davis, Detroit, Mich.

Since Keith,* who has been the most successful hysterectomist for fibroids in the world, has announced that in his opinion that operation is superseded by Apostoli's method of galvanization, the profession is more than ever inclined to listen with respect to whatever the writer of this monograph publishes. This little work is written with the most minute attention to detail, and its directions cannot be misunderstood. We think the treatment recommended is well worthy a thorough trial.

Apostoli reserves as yet the detailed proof of the utility of his treatment. But he has slain dragons, and can we not believe him when he tells us that he can kill snakes?

RECTAL AND ANAL SURGERY, with a Description of the Secret Methods of the Itinerants. By EDMUND ANDREWS, M. D., LL. D., Professor of Clinical Surgery in the Chicago Medical College; Senior Surgeon to Mercy Hospital; and E. WYLLYS ANDREWS, A. M., M. D., Adjunct Professor of Clinical Surgery in the Chicago Medical College, Surgeon to Mercy Hospital. With original illustrations. Pages 111. Price \$1.00. Chicago: W. T. Keener, 96 Washington street. 1888.

This little book presents an interesting and concise account of the various diseases of the rectum. Perhaps its chief value lies in the careful description of the methods used by the itinerants. We believe that to Prof. Andrews is due the honor of having first pointed out the disastrous results following the use of strong carbolic injections in piles: he now informs us that he has collected reports of no less than thirteen deaths from this treatment, not to mention numerous other accidents. (p. 14.) Perhaps our authors are too severe with Whitehead's method of circular excision: a plan which has been used in three hundred successive cases, without giving the operator or patients a moment's anxiety, cannot be shelved by any quantity of *à priori* reasoning. (See PRACTITIONER for September, 1887, p. 352.)

We can cheerfully commend this work to the attention of our readers.

* See extract from Br. Med. Jour. in this number.

DISEASES OF THE HEART AND LUNGS. By JAMES R. LEAMING, M. D., Emeritus Professor of Diseases of the Chest and Physical Diagnosis in the New York Polyclinic; and President of the Faculty, Special Consulting Physician in Chest Diseases, St. Luke's Hospital, New York, etc. Being the Fifth Volume of Treat's Medical Classics. In one large octavo volume, 300 pages. Price \$2.75. E. B. Treat, Publisher, 771 Broadway, N. Y.

This volume consists of monograms which have appeared at different times in medical periodicals. They are well written and present many points of originality. Among other peculiarities, our author does not believe in the rest treatment of bronchial hemorrhage, but rather advises walking about, coughing and loud speaking. Of course this treatment does not apply to hemorrhage from a cavity. His theory is that clotted blood should be expelled, lest its decomposition lead to phthisis.

These papers are deserving of careful study.

VON LANGENBECK, the Nestor of German surgery, died on September 29, from cerebral apoplexy. He was 77 years of age.

THE Arizona bed-bug is of enormous size and is armed with a beak nearly a fifth of an inch long. Its bite produces a convex wheal an inch or more across, followed by great pain and itching, and after some days a discharge of pus.

"LOOK here," said a man this morning, going into his grocers, "those eggs you sold me New Year's were bad." "Well, that wasn't my fault." "Whose was it, then?" "Blamed if I know. How should I tell what was inside of them? I'm a groceryman, I'm no mind-reader."

A DULUTH newspaper, telling of the power of the magnetic iron ore of that vicinity, says that the miners have to wear moccasins, because the ore draws all the tacks from their boots; that houses near the mines have to be built with wooden pins or bolts, because the iron draws the nails; that a wild duck that had inadvertently swallowed a few hairpins was stopped in its flight over the mines, drawn earthward, and made a prisoner, and that persons with too much iron in their blood are so magnetized that they sleep in a trance.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION, FOR FEBRUARY, 1888.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.

Los Angeles, California.

Month of February, 1888.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitatio'n in inches & hundreths	SUMMARY.
		MEAN	MAX	MIN.		
..... 1	30.07	53.3	62.0	49.0	.03	Mean Barometer 30.054.
..... 2	30.11	50.0	57.5	42.0	.00	Highest Barometer, 30.24, date 17 and 23.
..... 3	30.00	53.3	60.0	39.2	*T	Lowest Barometer, 29.76, date 29.
..... 4	30.00	53.0	60.5	45.0	*T	Monthly Range of Barometer, .48.
..... 5	30.02	55.7	65.0	43.5	*T	Mean Temperature 54.4.
..... 6	30.02	56.0	68.5	45.0	.00	Highest Temp'ture, 73.5, date 22.
..... 7	29.99	56.7	68.0	45.0	.00	Lowest Temperature, 39.2, date 3.
..... 8	30.01	54.0	66.3	43.0	.00	Monthly Range of Temp. 34.3.
..... 9	30.05	52.7	58.0	48.0	.00	Greatest Daily Range of Temp. 29.7
..... 10	30.07	53.7	60.0	46.0	.00	Least Daily Range of Temp. 5.0.
..... 11	30.13	54.3	64.9	45.0	.00	Mean Daily Range of Temp. 18.0.
..... 12	30.11	55.7	64.9	45.0	*T	Mean Temperature this Month
..... 13	30.02	52.7	61.0	49.8	*T	1878..55.0 1882...50.3 1886...59.5
..... 14	30.07	54.3	58.5	49.2	T	1879..55.5 1883..52.3 1887..51.6
..... 15	30.10	53.7	59.0	48.0	*T	1880..50.1 1884..55.1 1888..54.4
..... 16	30.16	53.0	56.0	51.0	.16	1881..57.9 1885..56.6
..... 17	30.20	54.3	62.0	49.3	.01	Mean Daily Dew Point, 48.9.
..... 18	30.14	55.0	63.3	48.0	*T	Mean Daily Relative Humidity, 82.2.
..... 19	30.13	56.7	68.3	45.0	*T	Prevailing Direction of Wind W.
..... 20	29.97	58.3	70.3	41.3	.00	Total Movement of Wind, 3516 miles.
..... 21	29.94	58.3	70.0	47.0	.00	Highest Velocity of Wind and Direction, 23 miles, N E
..... 22	30.08	61.0	73.5	45.0	.00	Total Precipitation .80.
..... 23	30.21	58.0	72.5	42.8	.00	Number Days .01 inches or more Rain Fell, 15
..... 24	30.16	54.7	66.5	41.8	*T	Total Precipitation (in inches and hundredths) this month
..... 25	30.12	54.3	65.8	44.3	.01	1878..7.63 1882.. — 1886..1.41
..... 26	30.09	54.0	65.8	43.0	*T	1879.. .97 1883..3.47 1887..9.25
..... 27	30.00	54.0	61.5	47.0	.02	1880..1.56 1884.13.37 1888.. .80
..... 28	29.88	53.3	57.5	50.0	.23	1881.. .36 1885.. .01
..... 29	29.77	48.3	55.8	42.5	.07	Number of Foggy Days, none.
..... 30	.....	.....	.....	.....	...	" " Clear " 14
..... 31	.....	.....	.....	.....	...	" " Fair " 8
						" " Cloudy " 7
						Dates of Auroras, none.
						Dates of Solar Halos, 12th.
						Dates of Lunar Halos, 2d.
						Dates of Frost—Light, none.
						Killing, none.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

The T indicates trace of precipitation.

GEORGE E. FRANKLIN,

Sergeant Signal Corps.

NOTES: Barometer reduced to sea level.

LAURA D. BRIDGMAN, who, at eight years, was deprived by illness of all her senses except touch, has for fifty years been an inmate of a South Boston institution for the blind. Dr. Samuel G. Howe, now dead, taught her, with the aid of his assistant Miss Drew, to write, read, spell, knit, and converse by means of the finger alphabet.

THE SOUTHERN CALIFORNIA PRACTITIONER.

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No. 4.

ORIGINAL.

RATIONAL OR LIBERAL MEDICINE.*

BY J. P. WIDNEY, A. M., M. D.

I HAVE been asked to deliver an address upon the science of medicine. I have chosen as the heading of the address Rational Medicine.

What is it? To understand fully what is meant by the term you must know the history of the science which it designates; for it has a history, running back through the centuries. Like every other great branch of human knowledge, time has been one of the elements in its growth. It is old; and yet it is new. It is old, in that it represents to-day the gathered wisdom, the accumulated results, of ages of human thought and human experimentation. It is new, in that the investigation does not cease, but rather with increasing momentum it is pushing its way into every newly discovered realm of collateral science to add to its store of knowledge, and throw more light upon the many problems of disease which yet remain unsolved before it.

What is its history?

To trace it you must go back side by side with the other great lines of human inquiry to the infancy of the race; for with man came into the world disease and death. In his birth were the seeds of dissolution, and life became a battle-field in which the elements tending to build up and perpetuate the human body and those tending to tear down and destroy, were ever at war with each other. Only, the keenness of the human intellect, spurred on by the inborn love of life, was arrayed upon the side of life, and enlisted in the struggle against the forces of disease and death.

It is probable that with the first pang of pain which came to man came also the thought and the attempt to do somewhat to ease it; and an added bitterness was lent to the first tear shed over a human grave by the thought, "Might not something have been done to stay the hand of death?" And born

* An Address Delivered before the Unity Club of Los Angeles.

of these pangs came doubtless rude, blundering, yet planned efforts to that end. And this was medicine. Not a science as yet. It was still too crude, too infantile. And men had not as yet thought far enough in advance to even conceive of the idea of science. Yet, in so far as it involved thought, and plan, and design, and the adaptation of means to an end, it was the beginning of Rational Medicine.

But this had no history. The human race was already far on in the journey of civilization when history begins.

The written history of medicine, and its consecutive development, may be said to date from the fourth century before Christ, twenty-three centuries ago. It comes to us in direct line from those leaders of the mental life of the ancient world, the Greeks. While there are fragments of other writings dating from some centuries earlier among the Egyptians, and so-called systems of medicine of equally ancient date among the Hindus and other races, these never developed beyond their infantile stage of growth, and have contributed little, if any, to the medical knowledge of the world.

The Greeks, even at that early day, had sacred hospitals in which the sick received medical treatment. The two professions of the priesthood and medicine were then united, medicine being the special work of certain lines of the priesthood, and to it were devoted certain temples.

Hippocrates, the wise old man of Cos, a priest-physician, and himself born of a long line of priest-physicians, left a series of writings upon medical topics, which are even yet preserved in the literature of the profession. I have in my library these works, and while containing, of course, much that time has shown to be unfounded and puerile, they yet contain also many things which show him to have been a keen observer of disease, and to have discerned dimly much of truth. In these writings is to be seen one characteristic of true science, a breaking away from the superstitions of the age, and a desire to investigate the phenomena of disease as matters of reason. A comparison with contemporary branches of human knowledge shows that medicine stood fairly abreast of them in its stage of development.

Without attempting to follow medicine with any degree of closeness through the succeeding centuries, it is enough briefly to say that it passed with the spread of the Greek race

around the east shores of the Mediterranean, having large schools in Alexandria; it shared in such scientific life as came to Rome; then felt the great scientific awakening which came with the flowering of the Arab race under Mohammedanism, the caliphs building and supporting large schools of medicine in Asia Minor; then, with the decadence of the Arab race and the eclipse of Mohammedanism under the Mongol Turk, it underwent the vicissitudes which came to the human race during what have been termed the dark or middle ages.

In summing up the work done by ancient medicine, and its contributions to the common fund of medical knowledge, these defects may be noted as, with occasional exceptions, characteristic of it: a lack of inductive methods in its reasoning, in other words the basing of its theories too much upon speculation, too little upon a proper basis of facts: a failure to prosecute with sufficient thoroughness those groundworks of all scientific medicine, the study of anatomy and physiology; yet, from the former of these it was in a measure debarred by prevailing religious prejudices: a failure to study morbid anatomy, that is the changes made in the tissues and organs of the body by disease: a failure to compile systematically the phenomena of disease, and tabulate results.

Yet this style of work is hardly to be expected of the medicine of that age, as it was attempted in no other branch of science. The human mind was not as yet ready for that style of work. Science in all its departments, whether astronomy, chemistry, or others, was as yet only in the speculative age. Indeed, it seems to be characteristic of the earlier workings of the human mind, whether in the childhood of the race or of the individual, to theorize first, to search for the facts afterward. The careful, painstaking, scientific work of humanity was yet to be. It was still the age of myths, of fables, of speculation. Then, too, the necessary collateral sciences were also yet in their infancy. Men were still searching for the elixir of life and for the philosopher's stone. Even ages later they were still to wander hopefully over half a continent in quest of the Fountain of Youth. This tendency of the ancient world to build up theories and frame speculations, without a sufficient groundwork of accumulated facts upon which to base them, is shown in the elaborate yet profitless ratiocination of Plato's dialogues.

Yet, withal, progress was made. Men were gradually learning the scientific weakness which underlay theorizing without a sufficient groundwork of facts. Then, too, they were learning, as they struggled along in their rather aimless fashion, that certain tracks were only blind roads, leading nowhere, and need not be traversed again. They were gradually learning that, in certain directions, there is a limit to the knowable, and that to push investigation upon these lines is only waste and profitless labor. And most of all, and most valuable of all, they were patiently, age by age, accumulating a store of facts, things established by actual observation and test, such as the plainer principles of anatomy and physiology, the symptoms of disease, and its normal course and termination, a knowledge of certain drugs, and of their effects, the laws of epidemics, some of the relationships of climate and disease, some principles of hygiene, some of the rudiments of surgery. In this way they were laying a foundation upon which might be built the inductive medical science of a later day. Then, too, allied sciences, such as botany, chemistry, pharmacy, microscopy, were developing to that point where they might lend their aid to the upbuilding of that Rational Medicine which was to arise from, and in a measure out of, the empirical work of all the preceding centuries.

How then does Rational or Liberal Medicine stand to-day in its work as a science?

First, what has it done? What, so to speak, is its present stock in trade?

In answer it may be said that it has this store of accumulated and ever accumulating facts, which it has been slowly and toilsomely gathering during all these many centuries. Out of the vast range of its testing and experimentation, some things have remained as established. It has been literally obeying the injunction of the Scriptures, "Prove all things; hold fast that which is good." Like the science of mechanics, which, with all its vain searchings after perpetual motion, has yet proven and held fast to the wheel, the lever, the pulley, the inclined plane. This store of facts, which may be said to have been proven, is one, and no small, gain.

Then with the training which has come with these centuries of work, it has developed more accurate methods of investiga-

tion and of scientific inquiry. It has been learning how to work. It has also gained a better knowledge of the limits of the knowable; has learned, as before stated, that certain lines of apparent scientific investigation are only blind paths leading nowhere, and consequently it need not again tread them. In this way it is prepared to avoid much of the waste labor of the past. It has learned no longer to accept theories unless substantiated by an established groundwork of facts.

It has placed itself squarely upon the basis of an inductive science, reasoning only from the known to the unknown.

What is the line of work as laid out by Rational Medicine for itself in the future—the line of investigation, of experimentation, and of study?

Anatomy, what may be called surgical anatomy, has its leading facts now well established, but microscopic anatomy and histology, afford as yet comparatively unworked fields. This department of fine anatomy is in the line of future investigation.

Almost the same general statement may be made with regard to physiology, for while the function, the work done, by the organs and tissues of the body is fairly well understood, very much yet remains to be discovered before our knowledge in this direction may be said to be even tolerably complete. The difficulties surrounding this field of work are much greater than those to be overcome in the further study of anatomy; for while anatomy is to be studied upon the dead body, with the knife at our command, physiology has to be studied through the living body with all the complicated processes of life going ceaselessly on.

The comparative anatomy and physiology of man and the higher animals is another field in which much may be done, for there are many principles, and many diseases, which they seem to have in common, and which may eventually be found to throw light upon each other.

Then comes the natural history of diseases, their habitat, causation—and under this heading is included the whole subject of microbes, bacilli, and disease germs in general—the laws of existence and development of disease, duration, natural termination, statistics of mortality, methods of propagation, contagion, pathological changes produced by disease

in the human body, manner of causing death, further investigation of the action of drugs both new and old, and the search for new remedial agents.

What is the working plan of Rational Medicine in the management of disease?

Its first aim is to prevent disease—this subject being classed in works on medicine under the heading of Preventive Medicine. In this respect medicine stands in rather an anomalous position as compared with other professions. Its first work is a constant striving to destroy the grounds for its own existence.

This it is doing by elaborating and enunciating the principles of hygiene, of sanitation, of quarantine, of inoculation, of vaccination, of antiseptis.

Its second aim falls under the heading of Curative Medicine, the remedial management of disease when it has developed in the human body.

In this, the first effort is to eliminate, or remove, the cause when possible. As an illustration may be instanced, the emetic administered in case of an ingested poison, or to unload the oppressed and cramped stomach of a mass of soured food when digestion has for some cause failed of its work, and pain results; or, may be instanced, the purgative given to clear the bowels of their irritating contents when the undigested food has passed beyond the stomach, and colic supervenes.

Failing of the effort to remove the cause from the body, its next attempt is to destroy or counteract, if possible, that cause within the body. As illustration may be given, the alkali administered to chemically neutralize the acid of a sudden indigestion, or of an imperfect digestion, until other measures may have time to remove the cause of the acidity. Also may be mentioned the action of quinine on malarious affections, or of the antiseptic to counteract the tendency to putridity.

Its work may, in another class of cases, be termed Assistant Medicine. As an illustration, may be mentioned the muriatic acid and the pepsin given to aid the process of digestion, where the stomach is not secreting a sufficiency of these substances to carry on efficiently the digestive work; or the laxative given to arouse a torpid bowel to proper action; or the

expectorant administered to stimulate the secretion of mucus in a bronchial tube.

In large part, however, its action is that of guiding, or directing, or assisting the powers of the body through the course of a disease. Many diseases have their natural course, which they will run, are self-limiting, and can not be cut short by the use of drugs. The various continued fevers may be given as illustrations. In this class the work which Rational Medicine lays down for itself is to assist nature to carry the battle with disease to a favorable issue. It aims to guide, to support, to prevent complications. But all the while it never gives up the search after the hidden cause, which, if found, it may hope to destroy.

Yet there still remains another class of diseases, in which cure is hopeless: in which there can be but one termination, death. Still, even with this class, there remains a work for medicine to do, for now comes in play that phase of its powers which may be termed Alleviative Medicine. The failing forces of the body are to be supported, so that life may be prolonged. Pain is to be eased, so that life when so prolonged may be made endurable. And then, when life may no longer be prolonged, when the battle has been fought and lost, when the end draws near, and man comes to pass through the Valley of the shadow, one last office yet remains for Rational Medicine to perform, *euthanasia*, easing the pangs of dissolution, soothing the death agony, and smoothing the rugged pathway for the feet of poor broken mortality.

I have endeavored to give you a picture of the field, and the work, of what I have denominated Rational or Regular Medicine.

But, you say, you have told us nothing of theories, of dogmas. You have not given us its creed.

It has none. And in this very fact lies its strength. Herein is the omen of a hopeful future. It has outgrown such things. It is now out upon a higher, broader plane. Practically it has no general theories. It avoids them. It has felt too much of the evil of them in the earlier stages of its own development. There was a time when it had its creeds; when it vainly thought that a broad science could be expressed in a single formula. Men so thought also in mechanics, in chemistry, in

astronomy. And they, too, with the scientific physician, have learned that while such things are attractive, they are misleading. They seem so simple, and so plain; and in medicine, as in other sciences, such a single formula would render the perplexing questions with which one meets, so simple; and generalizing is so much pleasanter than delving after facts; yet herein science has never found the pathway to truth. Medicine has grown more modest with the mistakes and the premature generalization of all these ages. It is no longer ashamed or afraid to say, "I do not know."

In so varied a field, with a causation so varied, and apparently so ever shifting, is any one general and final theory of disease and its treatment possible? With the present light which we are able to throw upon the subject the answer would seem necessarily to be that it is not; that the field must ever remain a composite one; and that the men or the schools which frame one single law for guidance do so because of a narrowness of vision which fails to take in the whole field, which can only see one aspect of a complex or varied problem, and which yet judges this to be all. For single diseases, or for allied groups or families of diseases, theories may be formed, subject, however, to change with each coming of new light; but so far the kinship has not been shown to be sufficiently wide-spread to justify the framing of one general law to cover either the causation or the cure of disease.

I have said that Rational Medicine has, in a certain sense, no one creed. This much only, it now generalizes. In pathology its only guiding law is—search for the cause of the disease; in therapeutics, or the management of disease—any means that will effect a cure. It is not bound or restricted, and refuses to so bind or restrict itself, either as to means or the manner of using the means.

Men sometimes ask me of what school of medicine I am. I am always puzzled to answer.

Schools in science imply distinctive theories or dogmas. As there are no such distinctive theories or dogmas to this, it can have no specific or definitive name. It is simply the science of medicine, as one speaks of the science of chemistry, or of astronomy. I can only reply: "I am a physician; and my system is only known as the science of medicine; because

of its freedom from hampering dogmas, and instead its search after causes, it might be termed Rational Medicine—sometimes called Regular Medicine. It is sometimes, by persons unacquainted with it, called Allopathy, but mistakenly. It might as well be called Hydropathy, or Homœopathy, or Eclecticism; and yet it is neither. And yet, in a certain sense, it is all of these; for all of them are only one-sided views of some phase of its broader and more rational development. As before stated, distinctive names imply dogmas, and dogmas are narrow and one-sided. They belong to the early, the youthful, the immature ages of science. Schools of medicine, or of any science, belong to a lower plane. On the higher plane of true science schools drop away. Science is one. There was a time when one might ask of an astronomer, or of the chemist, to what school of astronomy or chemistry do you belong? Now we do not ask so. With increasing knowledge the schools have dropped aside. Now the reply would be simply: "I am an astronomer," or, "I am a chemist."

So in medicine. Rational Medicine has passed beyond the narrowness of restrictive dogmas, and calls itself by no distinctive name. It is only The Science of Medicine; and its practitioners call themselves simply physicians.

ORGANIZATION.

The profession of medicine is organized, as are the other professions, because through organization the ends of science may best be furthered. Organization does not imply sameness of thought or views. Probably no two members of the profession think in all things alike. This is not the object or purpose of organization. An organization which meant dogmas and sameness would be death to progress. These are the things which it seeks to avoid. Its constant labor is to encourage variety and originality of thought. The objects of organization are:

To combine forces for more successful and thorough investigation of questions of medical science, and to diffuse information about new discoveries and advances. As illustrations may be cited the monthly meetings of the numerous county medical societies all over the land, the annual meetings of the state and national medical associations, and of similar bodies

in all civilized lands, and the periodical gathering of the International Medical Association. Also may be cited the hundreds of medical and surgical journals published all over the civilized world.

A second object of organization is to carry on more successfully and thoroughly the work of medical education. As results of this may be pointed out the colleges of medicine which dot all lands, with their large aggregation of capital invested in buildings, libraries, scientific appliances, and the extensive laboratories for experimentation connected therewith. This heading may also include the duty of establishing and enforcing among the colleges a recognized standard of efficiency and thoroughness in educational work. The fruits of this are seen in the progressive advancement from the simple pupilage, for a short term, under some practicing physician, or the single course of lectures of the earlier ages, to the two years, and now the three years, of carefully graded lectures and hospital work, and the rigid examinations, before the student becomes eligible to the degree of Doctor of Medicine. And recognition is refused to colleges failing to adopt, and in good faith observe, such advanced requirements in their educational work.

Again may be mentioned, as among the objects of organization, the discouragement of narrow and obstructive systems or schools of medicine.

And, finally, may be mentioned, to establish and maintain a code of ethics for the profession. Recognizing, even in the earliest ages, the semi-sacred character of its calling, the profession has ever laid down, for the guidance of its members, rules of conduct, defining their duties to the sick, to community, and to each other.

The Hippocratic oath, which is probably the oldest code that has been saved to us, and which twenty-three centuries ago was administered to the physician upon commencing his practice, had in it the groundwork of a strong ethical morality; and from that day to this, through all the long ages, the moralities of the profession have never been lost sight of, and the oath of Hippocrates has broadened out into the pure and lofty code which is made binding upon every physician, and which in the fullness of its requirements does not yield precedence even to that imposed upon the minister or the priest

when admitted to his sacred calling. It is true, many unworthy members of the profession fall far short of its standard in their daily conduct; yet the code is there, ever standing as a written reproach to them, and in proportion as they fail to come up to its requirements they lose caste and standing among the more honorable members of the profession.

RELATION OF RATIONAL OR LIBERAL MEDICINE TO THE
VARIOUS SCHOOLS OF MEDICINE.

By bearing in mind what Rational or Liberal Medicine is aiming at in its own development, it is easy to infer what must be its relationship toward the various schools, or systems of medicine, which from time to time spring up. It is itself aiming at freedom from dogmas, for these inevitably lead, as it has too often discovered in its own history, to narrow and one-sided generalization.

It has in all these ages of seeking after truth so often felt the evil of such things, that it has learned to beware of them. It therefore says to schools or systems basing themselves upon fixed dogmas:

These things belong to the past: modern science has grown beyond them. Such dogmas imply narrowness. It is a step back toward the dark ages again. Only the broadest freedom of investigation should be recognized in scientific research. Because you have thus abandoned the broader field, and have restricted your research to the narrow limits of a fixed and unchangeable creed, we cannot accord to you full recognition as broad and progressive members of a liberal profession. Science knows no boundary lines of creeds; and in the ranks of scientists the days for shibboleths have gone by. It is *because* you have abandoned the broader field of rational medicine, and *because* you are Hydropathic physicians, or Eclectic physicians, or Homœopathic physicians — men whose science is bound up by a preconceived and inflexible theory, and because you are not simply *physicians*, men free to seek for, and to use, truth wherever found, that you are not accorded recognition as worthy representatives of a liberal and rational medicine. It is because you load yourselves down with clogs in the shape of *pathies*, and tie the load on by a distinctive name. Liberal medicine refuses to so encumber itself with clogs; ties itself to no set theories; binds itself by

no name distinctive of a fixed creed: and so has to unload itself of no fixed burden of clogs when it would advance.

To the individual members of these schools Liberal Medicine says: Recognition is not withheld from you because you, as individuals, hold some theories of disease and of treatment which we consider narrow and ill-founded, for many individual men within the ranks of Liberal Medicine hold opinions probably deemed by their fellows equally odd, and yet are simply looked upon with a lenient smile as men who have some queer fancies; but it is because you elevate the fancy into a dogma, and build thereon a sect, and tie yourselves to it, making it a restrictive creed for education, and a test of standing. It is not because you, as an individual, are considered to hold only a partial truth, for many within the ranks of Regular Medicine fail to grasp the breadth of its teachings, and all their days are only as lame men in the pathway, but because you insist that this is all of truth and restrict yourselves to it.

Liberal Medicine has tenets and treatments which resemble from one point of view Homœopathy, others which resemble Hydropathy; but it recognizes the fact that these are only partial and incomplete views, and are not all, but that more lies beyond. It lifts its eyes from the single hills toward the eternal highlands which it knows must tower through the mists above and afar. It may as yet catch only partial glimpses of that higher ground of medical science, but it feels that somewhere, on through the mists, it lies; and will be content with no resting place that is short of that goal. And it may be that the limits placed upon human knowledge by human weakness make the goal an unattainable one. Still it will climb the higher by being content with nothing less.

Another reason why the profession of Liberal Medicine has declined to accord recognition to these various schools and systems, is the character of the educational work which they permit within their ranks.

The constant struggle of Rational Medicine is to raise the standard of education. Under this endeavor the standard has been raised, as has already been stated, from the old-time country reading and a certificate, or possibly a single course of lectures, to a three years graded course, with clinical work in the hospitals, and rigid examinations. And the tendency is toward a still higher standard. It is not unfair to say that

this effort to raise the standard of education upon the part of Liberal Medicine has not been met by a corresponding effort among the schools or systems enumerated. While there have been some honorable exceptions, the general standard has been low, and without a well expressed desire or intention of a change. It is no unfair or unjust rule which Rational Medicine applies to these schools, for it applies the same test to itself. The so-called college of Rational Medicine which does not conform to the requirements of the higher education, or which lowers its grade, at once loses caste, and is refused recognition. And this is the point in which those of the schools in these systems, which attempt the higher education, fail of reaping the just fruits of their more honorable work. For instead of declining to recognize the colleges which cling to the inferior standard of education, they continue to recognize them as legitimate institutions of learning, and admit their defectively educated graduates to an equal standing with their own who have honestly done better work. In this way they practically neutralize the effect of their efforts to elevate the standard of their colleges.

A very proper reply was given a few years ago by the English National Association of Physicians to an application upon the part of a numerous body of one of these schools for recognition by the regular profession. The reply was this:

"Before we were recognized as fitted to become members of the profession we had to go through a thorough course of study, and pass rigid examinations. Give proof that you can stand the same tests and you will receive recognition."

The offer was declined, and of course recognition was withheld.

This rigid stand is taken by the profession of Liberal Medicine upon the question of education, because it is felt that where human health and human life are at stake only the most thorough possible preparation for the work should be tolerated; for even then the physician will too often be made to feel how limited are his powers of relief, and how much yet remains to be learned.

THE FUTURE OF MEDICINE.

Medicine is not yet an exact science. Possibly it may never be, for of all branches of human knowledge it probably is

hedged about by the greatest difficulties. Yet it stands to-day far in advance of its position a century ago; and a century ago it stood in advance of its position of a century before. Age by age it is climbing higher. Age by age it is penetrating deeper and deeper into the mysteries of disease, of its causation, of its cure. And no one realizes with more sadness than does the educated physician the vastness of the field which is still a *terra incognita*; and no one who has not stood with him in the midst of the perplexities and anxieties of his toiling, can realize the keenness with which he feels the slurs so often wantonly cast upon his work by tongue and by press. It is a cruel wound to give to what is probably to-day the most conscientiously self-sacrificing of all the callings of man. The cruelty of the wounding can only be excused by its thoughtlessness. I, who, after years of toil in this work, am no longer seeking its rewards, may say these things as one might not who may be but just entering upon its labors. I plead for the incoming generation of toilers in this sacred field, a juster appreciation upon the part of that public to whom the toil is given. And I plead a juster discrimination in judging of men. To the public any man who puts up his sign and calls himself "Doctor", is a physician. And yet many of these are men without even the pretense of medical education. And for their misdeeds, for their ignorance, the profession must share the obloquy and the shame, for the public does not stop to discriminate. And yet it is not the fault of the legitimate profession of medicine that such is the case. Scarcely a session of a legislature goes by in any State that the request does not come up from the organized profession for laws to weed out the unworthy; for laws establishing tests of examination as to knowledge and scientific attainments, before men shall be permitted to take into their hands the care of human life.

"We," they say, "who daily are called upon to witness the harm done by men who have in no way qualified themselves to battle with disease, and yet who, with mercenary motives, enter upon the work, we ask you to establish tests; require examinations; make men first prove their fitness, as you do with engineers upon your steamboats, or with lawyers at your bar. We ask no favor. We do not ask exemption from the working of the law for ourselves or for our colleges. Require

the test of all; and then debar the ignorant, the unworthy, from entering upon this work."

This is what the profession asks. It is the public which through its representatives refuses; and, where laws are passed, through its juries, refuses to enforce. Ought it not then, in justice, to withhold its censure?

BUT THE FUTURE? WHAT OF THAT?

This I have to say, that while man dwells upon the earth there will be pain, and disease, and death. It is the order of nature. Yet we are learning all the while more effective means of easing and controlling pain; we are discovering, year by year, more effective methods of preventing disease, and of battling with it when it has come; we are devising better ways of warding off epidemics; we are, with the more careful elaboration of sanitary measures, steadily lowering the average per cent of disease in population, and adding to the average length of human life. It is not all; yet it is something. Indeed, when we read the records of disease and suffering, and the death rate, of even a century or two ago, it seems much, this that has been accomplished.

AND THE QUESTION OF SCHOOLS? OF DOGMAS? OF THEORIES?
—WHAT OF THESE?

Time will settle these: time, and more knowledge. As I have already said, one of the merits of Rational Medicine of to-day is, that it has learned to beware of positive dogmas and theories, and the schools which are based exclusively upon them. It has found that they are short-lived, and die out; for they are based not upon science, but upon one view of science. Then, if that view proves to be narrow, or mistaken, or false, there is nothing left, and of course they die. It has felt in its own history the evil of these things, and how they may become a clog and a bar to progress. It has learned that even to-day, with all the great advance which has been made in the accumulation and classification of facts, the stock is not yet sufficient for final generalization; and so has learned to work and to wait. In so varied a field, with a causation so varied, will a single general theory of disease, its causation and its management, ever be possible? It may be doubted. It certainly is not as yet. And so Rational Medicine, grown

wiser than of old, aims to waste no time, no labor, upon problems which are as yet of necessity unsolvable. Instead, its aim now is to delve yet more deeply into the facts, and to push ever higher the standard of medical education. It feels that by this road, and by this road only, is the way to the higher truth.

And to the various schools of medical practice, schools basing themselves upon rigid dogmas and theories, it has only this to say :

"We cannot feel that you are doing the most worthy work. We cannot feel that you are best furthering the advancement of human knowledge. We can only feel that, whether you perceive it or not, you are dropping out of the current of progress; that by your premature generalization, and your rigid dogmas, you are tying your own hands in the battle. It is with no feeling of unkindness we look upon you; yet, standing as you do upon your narrower basis, we cannot recognize you as most worthy members of a liberal science.

"Only, we plead with you to weed out the low grade institutions of learning in your ranks. Raise, as we are doing, the standard of education, and keep advancing it ever higher. If you are honest in your belief, and we do not propose to question this, you need not fear the light, and increased knowledge. Let these be the test: the dross will disappear, and whatever of good there may be will remain."

And the time will come, in that newer day, upon that higher plane of science, when schools will drop away; and no one shall say "I am of Paul, and I of Apollos," but the science of medicine shall be one: the Doctor shall become Doctissimus, and he shall be only a *physician*, a healer of men.

THE SHPITZRUTEN is a peculiarly cruel form of "running the gauntlet", formerly much in vogue in Siberia. The prisoner, stripped to the waist, was forced to walk between two files of soldiers armed with rods, "not too large to go into a musket-barrel," and, as he passed, received one blow on the bare back from each soldier. Two thousand was the least number of blows prescribed by the law and the greatest number was five thousand. Yet the Russians call the Tsar their "little father!"

THE PHILOSOPHY OF MEDICINE.

BY OTTO M. SCHULTZ, A. M., M. D., LOS ANGELES, CAL.

THE Science of Medicine is the grandest of all sciences, not only because it concerns man, the highest type of animal life, but also because it has made all other sciences more or less subserve its purposes. The physician, therefore, can proudly feel and say that he occupies the topmost position in the temple of learning, a position at once freighted with honor, but also with corresponding responsibilities.

It is he who has to watch the progress of that infinitesimal small cell, as it is developed and sent forth from its resting place, on its momentous mission, and as he gazes with his mind's eye at the wonderful process, by which it meets its necessities and purposes, passing during the stages of its development through all the known forms of animal life, until matured, it is ushered into existence the most helpless, yet the most perfect, type of animal being; well may he stop, amazed, staggered at the enormity of the mystery, and ask himself: "How can these things be?"

It is he whose hand lifts the newly born babe from the mother, thereby at once establishing a relation of confidence, which, as experience has demonstrated, can be severed only by the most violent and peremptory causes.

It is he who, standing by the bedside of the sufferer whose aching body is but a plank, separating him from the sea, is looked upon as the intelligent power able to snatch, as it were, the victim out of death's grasp, and restore the loved one to health, family and usefulness. And when he must at last acknowledge his finiteness, and realize that after all he is but human, unable to control laws he has not the power to make, and which at best he but imperfectly understands; it is he who is often called upon to point the bereaved and grief-stricken, whose only stay has been snatched away, to Him, whose laws, although deep and unfathomable, are love, and by pointing out a stronger stay, a surer support, a brighter home, administer that anodyne which soothes the spirit, and thus calms the nerves and regulates the heart more than medicines can do.

It is the physician, as student of the branches of medicine, who has to solve the questions which make up the mystery of

life, and, radiating from the center, pierce into the infinite all around us; and the manner in which he answers them will be the controlling power of his professional life, and, to a great extent, will determine his success in fulfilling his great mission, which is not so much to amass a fortune, but to be a benefactor to the race.

The first question propounded to the intelligent mind is naturally the question: "What am I?" and anatomy answers: "A cell, possessing the power of absorption, assimilation, growth, secretion, excretion, motion, destruction and multiplication or reproduction, developed into an entity, composed of various wonderful systems, inter-dependent upon each other, each having its own functions, for which it is especially prepared, all governed by the same laws of formation, development and nutrition, their fineness and delicacy of structure being commensurate with the importance of their functions, and receiving support and protection, according to the danger involved in their destruction. Multiplicity is Union. *Omnia ex ovo.*"

The next question of the inquiring mind is: "Where am I?" Chemistry answers: "Upon a body composed of sixty-five elements, which combine and recombine, act and react upon each other, according to certain and invariable laws, forming a unit, subject to its own laws of centrifugal and centripetal forces, and prepared especially for such an organism as you possess."

The mind in its process of inquiry next asks: "How am I?" Physiology answers: "By taking into yourself a part of the component parts of your dwelling, prepared according to invariable laws for just such organs as you have, and by the same immutable law which controlled the cell from which you sprung, you incorporate them, changed and combined, into your body, each cell appropriating to itself, according to fixed laws, just that which is best suited for its needs, and, when its mission is accomplished, it is the same immutable law which forces it to die; and, again, it is immutable law that other organs, prepared for this purpose, shall receive it, disintegrate and remove it, in order that it may, in its turn again, serve its purpose to repair wastes in the dwelling its successor has made." So long as law reigns supreme, harmony and equilibrium are maintained; man is in Eden, but as soon as law is violated Eden is lost. Punishment follows, and the same law

which works life when obeyed gives death when violated, and the punishment is commensurate with the gravity and persistency of the offense.

"Whence came I?" inquires the mind next, and it is here where man fails to find a satisfactory answer, because of his imperfection. From the theory of "degenerated spirits", he has wheeled about to that of "refined matter", ending in protoplasm and the primal cell; harrassing himself with the fallacy of developmental theories and survival of the fittest, but utterly failing to explain whence protoplasm and the primal cell, as well as the laws, came, which so unchangingly govern and control them.

Science, in trying to ferret out the mystery of life, has given to man finger-posts on his road of inquiry, unmistakably pointing to one Source, where alone can be found all the requisites of origin, being, composition, existence and surroundings, and because he has failed to follow the road, which law had paved for him, so many fail completely in answering the other question, "Whither go I?", until law, immutable and inexorable law, forces the answer to that other question, "Where shall I be hereafter?" Happy he, who having been led to feel his utter ignorance, submits to the power of law, within and without, and recognizes in all Him, who alone is superior to all law, because He appointed and established it, and whispering the last question, "How shall I live with God?", he is prepared to go humbly and broken-hearted to Him, who is the great Physician, because, superior to all law, He can concentrate in Himself all that has been violated, and paying at once the penalty of all and for all, He reëstablishes Paradise.

What, then, do the branches of Medical Science teach him who studies them? I answer: the existence of law, at once uniform in design, universal in extent, unchangeable in effect, benevolent when obeyed, destructive when violated.

So that if we attempt to analyze these propositions and recognize the fact that law implies a law-giver, that design points to a designer, a "some one", not a "somewhat", we are forced, by necessity of logic, to the point of admitting the existence of a Mind, not a force, but a power which means force controlled by mind, who is all-powerful, unchangeable, all-wise, all-benevolent and just, and thus Medicine leads us to God.

SELECTED.

TREATMENT OF EMPYEMA IN CHILDREN.*

I THINK children are as apt to recover with drainage and irrigation, as when ribs are resected, and that we avoid the danger due to a free opening in the pleural cavity, from which I am confident I have seen cases die. With two drainage tubes, one-eighth inch in their inside diameter, there is no difficulty in thoroughly washing out the chest.

Do not insert the tubes too low; the diaphragm will crowd up and bind it to the chest wall, and prevent free drainage. When the pleural sac is about half full, insert within an inch and a half of the surface of the fluid; if the cavity is full, go between the sixth and seventh ribs, or the seventh and eighth, near the angle.

I use a broad, flat trocar that is wide enough to permit the introduction at once of two tubes, each having an inside diameter of one-eighth inch. First making a very small opening in the skin with a scalpel, the trocar is then plunged in the cavity, and as the stilet is withdrawn I place my thumb over the canula to stop the flow of pus. The tubes are slipped rapidly into the canula, which is then withdrawn. No air will have entered the chest, and not more than two ounces of pus will have escaped. To make the tube, I take a piece of two feet in length, cut it half way across near the middle, fold it on itself and stitch the two sides together, so that the tubes can be spread apart in the chest. In one of the tubes I make openings for about four inches, in the other one or two openings close to its extremity. The outer ends of the tubes are tied tightly, so that the pus will not flow till I am ready to fasten the tubes in. I cut off two half-inch sections from the same tubing, and pass through each two bits of string, the ends of which are tied in loops; these are carried over the drainage tubes down to the surface of the chest. Long strips of adhesive plaster are then passed through the loop, and fastened to the chest when the tubes will be firmly fixed. A bandage is then passed around the chest and over the strips. If the patient is in good condition, I then attach to each drain-

* Condensed from remarks made before the Chicago Medical Society by E. Fletcher Ingalls, M. D., Chicago. See Journal American Medical Association, Dec. 17, 1887, p. 788.

age tube, by means of glass tubing, longer sections of tubing which have been filled with water, that can reach to the bottom of a basin of water sitting on the floor. The strings fastening the ends of the tubes are then cut, and the pus allowed to escape, or such part of it as is deemed advisable. In one case, I think, if much pus had been allowed to escape, it would have proved fatal. On one or two occasions more escaped than was desirable, and I had to inject water to replace it.

The after-treatment consists mainly in washing out the chest twice a day with two per cent. carbolic at 100°, which the nurse can do. At about the fifth week, especially in adults, the case should be carefully watched to insure final closure of the cavity. Measure the size of the cavity from time to time, by filling it up with water, and measuring the water as it flows out. Should the healing cease, I use washes of sulphate of zinc solutions.

THE THIRD STAGE OF LABOR.*

“THE third stage is undoubtedly that part of normal labor which is of the greatest interest and importance; while, with regard to the management of the first and second stages, there is not room for much difference of opinion; each of us has his own ideas with regard to the third, and has formulated rules for himself for its management.” He considers these points, which, as yet, are not fully understood :

1. When is the placenta separated ?
2. By what means and in what way is it separated ?
3. How are the membranes separated ?
4. How are the placenta and membranes expelled ?
5. What is the natural mode of stopping bleeding from the placental site ?

First, as to time of placental separation, nothing is definitely known. We have only one clinical fact to support the theory that separation begins during the second stage. This is the appearance of asphyxia, if the child lies a little while with only the head born. He thinks the placenta usually is

* By A. H. F. Barbour, M. D., Lecturer on Midwifery in the Edinburgh Medical School. Abstract by W. D. Babcock, A. M., M. D. From British Medical Journal, Feb. 11, 1888.

not separated until, at least, the commencement of the third stage.

Second. This has two queries. The answer to the first is: the labor-pains, or uterine contractions in the third stage; gravity cannot be considered as the woman is recumbent. The second query has two points: In what way is it separated? As yet nothing satisfactory has been given upon this point. He warns us against the fallacious view of regarding the placenta in the uterus as a piston in a pump. "The pump theory will not work." "In fact, the physics of the third stage offers so many pitfalls to the unwary, that a man would need to know his ground well before he could accept as a guide either him or his new hypothesis." As to how the pains act he gives as facts these: (a) The placental site can diminish to an area of $4\frac{1}{2}$ to 4 inches, or until the uterus has nothing in it but placenta, without the placenta being separated. (b) There is no cavity in the post-partum uterus. His view as to the cause of separation is, "Diminution in area beyond that (4 by $4\frac{1}{2}$ inches), plus the *action of the uterus as a whole* upon the placental mass, I regard as the formal cause; the pains of the third stage as the efficient cause of separation. The third stage I regard as a second labor in miniature."

Third. How are the membranes separated? In one word, by crumpling up and stripping off. He describes what occurs in Porro's operation.

Fourth. How are the placenta and membranes expelled? After describing the condition of the uterus just after labor, he states: "The placenta can be driven out of the upper portion of the uterus by the action of the walls alone, that is, by the pains of the third stage. Once below the upper portion, either increase of intra-abdominal pressure, gravity or artificial interference must operate. The membranes and placenta present in about 85 per cent, either with the edge or within two inches of the edge, according to the recent observations of Champneys.

Fifth. What is the natural mode of stopping bleeding from the placental site? There are, at least, three factors which operate: the change in the muscular wall of the uterus in contraction and retraction; thrombosis within the vessels, which occur even before separation begins; the condition of the blood itself.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

SPECIAL AND STANDING COMMITTEES OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA FOR 1888.

THE FIRST NAMED ON EACH COMMITTEE BEING CHAIRMAN THEREOF.

1. On Practical Medicine and Medical Literature.

Sam'l O. L. Potter, San Francisco, Cal.
Geo. W. Westlake, Red Bluff, Cal.
David Powell, Marysville, Cal.
E. S. Meade, San Jose, Cal.
Alfred H. Woodhill, Riversids, Cal.

2. On Surgery.

W. E. Taylor, San Francisco, Cal.
B. F. Clark, Chico, Cal.
Alden M. Gardner, Calistoga, Cal.
Samuel W. Dennis, San Francisco, Cal.
Wm. T. Lucas, Santa Maria, Cal.

3. *On Obstetrics.*

Walter Lindley, Los Angeles, Cal.
Wallace A. Briggs, Sacramento, Cal.
M. A. Cachot, San Francisco, Cal.
F. Walton Todd, Stockton, Cal.
Mary W. Moody, San Francisco, Cal.

4. *Medical Topography, Meteorology, Endemics and Epidemics.*

J. B. Trembley, Oakland, Cal.
Lawrence M. Agard, Auburn, Cal.
John W. Robertson, Napa, Cal.
C. M. Fenn, San Diego, Cal.
John Fife, Red Bluff, Cal.

5. *Indigenous Botany and Domestic Adulteration of Drugs.*

W. P. Gibbons, Alameda, Cal.
H. J. Crumpton, Saucelito, Cal.
R. G. Reynolds, Upper Lake, Cal.
T. J. Jenkins, Oroville, Cal.
C. B. Bates, Santa Barbara, Cal.

6. *Public Hygiene and State Medicine.*

Washington Ayer, San Francisco, Cal.
G. G. Tyrrell, Sacramento, Cal.
H. S. Orme, Los Angeles, Cal.
Jas. Simpson, San Francisco, Cal.
J. G. Jewell, San Francisco, Cal.

7. *Histology and Microscopy.*

Julius Rosenstirn, San Francisco, Cal.
Albert Abrams, San Francisco, Cal.
C. M. Richter, San Francisco, Cal.
D. W. Montgomery, San Francisco, Cal.
J. H. Stallard, San Francisco, Cal.

8. *Mental Diseases and Medical Jurisprudence.*

W. W. Macfarlane, Agnew, Cal.
N. S. Giberson, Paso Robles, Cal.
W. H. Mays, Stockton, Cal.
F. W. Hatch, Napa, Cal.
Robt. K. Reid, Stockton, Cal.

9. *Medical Education.*

Jos. P. Widney, Los Angeles, Cal.
W. S. Whitwell, San Francisco, Cal.
Wm. B. Lewitt, San Francisco, Cal.
A. J. Pedlar, Fresno, Cal.
Charlotte B. Brown, San Francisco, Cal.

10. *Publication.*

Henry Gibbons, Jr., San Francisco, Cal.
Wallace A. Briggs, Sacramento, Cal.
C. G. Kenyon, San Francisco, Cal.
G. F. G. Morgan, San Francisco, Cal.
A. P. Whittell, San Francisco, Cal.

11. *Arrangements.*

C. G. Kenyon, San Francisco, Cal.
Chas. E. Farnum, San Francisco, Cal.
Walter E. Bates, San Francisco, Cal.
Geo. W. Davis, San Francisco, Cal.
Jerome A. Anderson, San Francisco, Cal.

12. *Prize Essay.*

M. M. Chipman, San Francisco, Cal.
Jos. O. Hirschfelder, San Francisco, Cal.

F. B. Kane, San Francisco, Cal.
Martia Regensburger, San Francisco, Cal.
E. J. Overend, Oakland, Cal.

13. *Gynecology.*

C. Cushing, San Francisco, Cal.
John Wagner, San Francisco, Cal.
John A. Miller, San Francisco, Cal.
Lucy M. F. Wanzer, San Francisco, Cal.
Elizabeth A. Follansbee, Los Angeles, Cal.

14. *Diseases of Women and Children.*

Ira E. Oatman (Women), Sacramento, Cal.
H. M. Sherman (Children), San Francisco.
J. P. Le Fevre, San Francisco, Cal.
Agnes Lowry, San Francisco, Cal.
Jos. H. Wythe, Oakland, Cal.

15. *Ophthalmology, Otology, Laryngology and Rhinoscopy.*

Geo. C. Pardee, San Francisco, Cal.
Henry Ferrer, San Francisco, Cal.
Elizabeth R. C. Sargent, San Francisco.
N. J. Martinache, San Francisco, Cal.
J. D. Arnold, San Francisco, Cal.

16. *Necrology.*

Albert H. Pratt, Oakland, Cal.
W. L. Wills, Los Angeles, Cal.
J. R. Laine, Sacramento, Cal.
W. H. Wallace, Eureka, Cal.
H. D. Robertson, Yreka, Cal.

17. *Medical Legislation.*

Chas. E. Blake, San Francisco, Cal.
Wm. M. Lawlor, San Francisco, Cal.
Chas. H. Steele, San Francisco, Cal.
W. F. McNutt, San Francisco, Cal.
W. D. McCarthy, San Francisco, Cal.

18. *Graduating Exercises.*

O. O. Burgess, San Francisco, Cal.
R. W. Murphy, San Francisco, Cal.
John E. Kunkler, San Francisco, Cal.
H. H. Gardner, San Francisco, Cal.
Geo. J. Bucknall, San Francisco, Cal.

Special Committee on Building.

Wm. F. McNutt, San Francisco, Cal.
Luke Robinson, San Francisco, Cal.
Jas. Simpson, San Francisco, Cal.
Robt. A. McLean, San Francisco, Cal.
H. S. Orme, Los Angeles, Cal.
W. R. Cluness, Sacramento, Cal.
Washington Ayer, San Francisco, Cal.
Henry Gibbons, Jr., San Francisco, Cal.
R. Beverly Cole, San Francisco, Cal.
Benj. R. Swan, San Francisco, Cal.
T. H. Pinkerton, Oakland, Cal.
Wm. P. Gibbons, Alameda, Cal.
W. S. Thorne, San Jose, Cal.

Special Committee on Organization of County and District Societies.

Wm. M. Lawlor, San Francisco, Cal.
W. D. Anderson, Vallejo, Cal.
Charles Anderson, Santa Barbara, Cal.
W. J. G. Dawson, St. Helena, Cal.
Bird S. Young, Santa Rosa, Cal.

In addition to the usual reports of committees, the Committee of Arrangements has been notified that the following papers will be presented during the meeting:

Electricity in Obstetrics, by Mary W. Moody, San Francisco,

Some Forms of Endoarteritis, by J. H. Stallard, San Francisco.

Electrolysis in the Treatment of the Male Urethra, by A. M. Gardner, Calistoga.

Urasthenia, or Nervous Exhaustion, by R. R. Reid, Stockton.

Criminal Responsibility of the Insane, by N. S. Giberson, San Francisco.

Midwifery without Ergot, by Walter Lindley, Los Angeles.

Experience of a Country Doctor, by H. J. Crumpton, Saucelito.

In addition to the usual programme, and to add greater interest to the meeting, a large room has been set apart by the Committee of Arrangements, adjacent to that for the meeting of the Society, in which there will be an exhibition of surgical instruments, pharmaceutical preparations, books, etc. The following firms will be represented: The Bancroft Co., books, San Francisco; W. S. Duncomb & Co., books, instruments, etc., San Francisco; Redington & Co., pharmaceutical preparations, San Francisco; Folkers & Co., instruments, etc., San Francisco; Hatteroth & Russ, instruments, etc., San Francisco; Fairchild Bros. & Foster, New York; John Wyeth & Bro., Philadelphia; Parke, Davis & Co., Detroit; Phillips & Co., Carson & Co., San Francisco.

Since discussions following papers are frequently as interesting as the papers themselves, the following gentlemen have been requested to open the discussion immediately following the reading of the papers in the several sections:

Practical Medicine—W. F. McNutt, San Francisco.

Surgery—T. W. Huntington, Sacramento.

Obstetrics—W. A. Briggs, Sacramento.

Gynecology—John Wagner, San Francisco.

Diseases of Children—H. Gibbons, Jr., San Francisco.

Diseases of Women—W. A. Saxe, Santa Clara.

Ophthalmology—A. P. Whittell, San Francisco.

Mental Diseases—J. W. Robertson, Napa.

Histology, etc.—H. Ferrer, San Francisco.

State Medicine and Public Hygiene—Jas. Simpson, San Francisco.

Medical Topography, etc.—W. L. Wills, Los Angeles.

Most of the gentlemen have kindly accepted; others have not been heard from.

MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

SAN FRANCISCO, February 15, 1888.

Dear Doctor: The Committee of Arrangements of the Medical Society of the State of California beg to call your attention to the Eighteenth Annual Meeting of the same, to take place April 18th, 19th and 20th, 1888, at B. B. Hall, 121 Eddy street, this city. Special efforts are being made to make it the most important meeting in the history of the organization. We have issued an invitation to the leading manufacturing chemists, instrument houses and publishing houses of medical works, to make an exhibit of their goods in a spacious room provided, adjoining the Assembly Hall. Enough have signified their intention to exhibit to warrant us in saying this feature will be a success.

The papers read and discussed at the sessions heretofore held have been of great interest and benefit to the participants. We desire to increase the interest by a larger attendance, and extend the benefits by an increased membership. This organization should embrace in its membership *all* of the Regular Practitioners in the State. Such is not the case.

Our membership has increased eighty per cent in two years. We desire to continue this era of prosperity, that our activity may justify us in making an effort to have the American Medical Association meet on this Coast.

We therefore earnestly solicit all eligible and worthy medical men of the profession to seek membership with us, and aid, by their presence and support, in keeping our Society abreast with the progress of the times.

It is a matter of pride that California, owing to her favorable climate and wonderful resources, is making rapid strides in all industrial and scientific pursuits. Let us not be found lagging in the general race, but keep apace with the progress of the age and of our professional brethren of sister States.

We have secured reduction in transportation and hotel rates, as follows: On all railroads a rebate of $33\frac{1}{3}$ per cent on first-class unlimited round-trip tickets will be granted to all physicians (including immediate members of their families) who attend the meeting. Also with the P. C. S. S. Company for a rebate of 25 per cent, which, since it includes board and lodging, is equal to the concession made by the railroads,

To avail yourself of this advantage on lines of the S. P. Co. and the P. C. S. S. Co., purchase a ticket to San Francisco, taking a receipt from the agent for the money paid, and upon presentation of the receipt at the Company's office in this city properly indorsed by this Committee, the rebate will be made on the return ticket.

Note the above instructions, else you may have difficulty in securing the rebate.

The following hotels have kindly consented to make a reduction of $33\frac{1}{3}$ per cent from regular rates, upon presentation of certificate from this Committee, viz., The Baldwin, Palace, Grand, Lick, Occidental, Russ, and Brooklyn.

Should any physician be unable to attend the approaching session, written application for membership, indorsed by two members, or by two physicians and one member, accompanied by five dollars, annual dues, may be sent to the chairman of the Board of Censors, Dr. Jules Simon, 323 Geary street.

This sum entitles new members to a Diploma of Membership and a copy of the Transactions.

The By-Laws require that every applicant shall be a member in good standing of a local Society, when living within convenient distance of such, or satisfactory explanation for non-membership.

With confidence that this appeal will receive a warm response from every member of the profession, and increase the interest in the cause of Medical Science, we are,

Truly yours,

<i>Committee of Arrangements</i>	{	C. G. KENYON, M. D. J. A. ANDERSON, M. D. W. E. BATES, M. D. G. W. DAVIS, M. D. C. E. FARNUM, M. D.
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R. H. PLUMMER, M. D., San Francisco,

President.

W. A. BRIGGS, M. D., Sacramento,

Secretary.

STROPHANTHUS is said to be of inestimable value in inorganic heart affections.

PECULIAR JOURNALISM.

THE *Medical and Surgical Reporter* has been distinguishing itself in various lines recently. One editorial recommends physicians when they are consulted professionally by criminals to report the facts to the authorities, thus entirely doing away with the long established custom of considering professional communications absolute secrets.

This Philadelphia journal again shows its hand as a reformer in holding up as a model practitioner "a medical man who, in more than ten years of general practice, had the good fortune to never own a pair of obstetric forceps." This is reform with a vengeance, and yet it is not simply ridiculous, it is dangerous. The *Reporter* boasts in each number of its immense circulation, and it should realize that while such sentences as the above can be written easily and flippantly, yet they are liable to have an influence and do much harm.

A scientific journal, in our humble opinion, makes a great mistake in admitting to its columns, without protest, communications containing such sentiments as "all religion is quackery", etc. Although the editor may agree with his correspondent, as indicated by his silence, yet he should respect the opinions of the great majority of his readers and omit matters so foreign to the domain of medicine.

The editor of the *Medical and Surgical Reporter* has recently sent circulars to us all asking us to assist him in restoring harmony between Messrs. Shoemaker and Pancoast on the one hand, and Messrs. Piffard and Roosa on the other. We are grieved to see the *Medical Age* treat this serious effort at pure reform in the following undignified Mother Goose style:

"Dr. Charles W. Dulles, of the *Medical and Surgical Reporter*, has taken the initiative in a movement looking toward the restoration of peace on earth and good will among men of the medical profession of this country. He assumes, of course, that there is a yawning chasm, over which it is his desire to have the hand-shaking act performed. Granting his hypothesis to be correct, the work upon which he has embarked is a laudable but impracticable one. While "Blessed are the peacemakers," etc., is good gospel, the more modern proverb, "Keep your nose out of family quarrels", is, it seems to us, more applicable to the case in point. He who expects peace and harmony in a body of 80,000 men, who are physi-

cians at that, anticipates the millenium. No, brother Dulles, we cannot join you in any systematic attempt to reach the unapproachable. Life is too short. The "unfortunate differences of opinion," to which you refer, must right themselves through the operation of natural laws. They cannot be corrected artificially. Like the sheep in the nursery rhyme, "Leave them alone and they'll come home, bringing their tails behind them."

KEEP OUT PEDDLERS.

A NEW YORK book agent plied his avocation for several days after he began to show symptoms of small-pox, and then went to an out-door dispensary to be treated for "skin-disease", when his real condition was recognized. This is but an instance of the dangers to which every family is exposed that admits book agents, peddlers and all of that ilk inside of its doors. These itinerants are seen in a house where there is scarlet fever, and a few minutes later their books, or ribbons, or toys, or patent broom, or package of silver powder, or liver pills, or hair restorative are being examined by a healthy family. The clothing of these peddlers might, if they had tongues, reveal a tale of horror each night when they are hung upon the bed post after their daily journey is closed. The erysipelatous face, the diphtheritic throat, the feverish puerperal woman, and the wasted form of the typhoid patient have each been visited during the day, and poisonous germs, as *souvenirs*, from each place yet cling to the well-worn garments. The dangers of theft and rape we simply mention, but, on account of the danger to health alone, we believe it should be an absolute rule in each family living in a city to *never admit a peddler* inside its doors.

The danger of infection to the family living in the country or the business man in his office are much less.

FÆCAL IMPACTION.—Ordinary brewer's yeast is highly recommended in fæcal impaction. It is injected into the rectum. It permeates and softens very fast, and makes rectal relief a simple and easy matter.

OUR NEW EDITOR.

THE SOUTHERN CALIFORNIA PRACTITIONER is now well along in its third year under our editorial guidance. The profession of the Pacific Coast have given it a warm and constant welcome, and on looking over our subscription list we see the name of almost every prominent physician in California. This recognition of our work has cheered us on in our endeavors, and now we are prepared to announce an addition to our editorial corps that will enable this journal to do even more thorough work in the future than in the past.

Dr. Francis L. Haynes with this issue becomes connected with this journal in an editorial capacity. His name is already familiar to our readers. Dr. Haynes graduated at the University of Pennsylvania in 1870, and for fifteen years he did an extensive practice in the city of Philadelphia. For the last ten years he has paid special attention to gynecology and abdominal surgery. His record in this field in Philadelphia gained him the respect of the profession. In Los Angeles his surgical work has been extensive and varied, and has been characterized by thoroughness, care and more than usual success. He is a keen observer, an enthusiastic student and a ready and forcible writer. The editors of THE PRACTITIONER will all work earnestly to make it worthy of the patronage of their medical brethren.

EDITORIAL NOTES.

MORPHIA, according to Lutand of Paris, has the property when taken in large doses of arresting the performance of the menstrual function. He recommends it warmly in uterine hemorrhage from cancer and fibroids, but deplors the reckless use of the drug in less serious ailments.

THE pelvis of the kidney cannot in its normal state be explored by the finger. When stone is suspected we should cut down on the organ by a lumbar incision, thrust a large tenotome into the lowest calyx of the pelvis, introduce a child's bladder-sound, and explore thoroughly.*

LARD boiled in milk is the very latest cure for phthisis.

* Jordan Lloyd, of Birmingham, in The Practitioner.

THE theory that hydrochloric acid is always absent in the gastric juice of those afflicted with cancer of the stomach has been exploded.

SAHLI, of Bern, cures habitual constipation by repeatedly and systematically rolling a cannon ball, weighing from three to five pounds, over the entire abdomen.

ALEXANDER'S OPERATION of shortening the round ligaments, it is now generally conceded, is not efficient in cases of prolapse, unless supplemented by the usual operations on the vagina and cervix.

BRIEGER, as the result of experimentation on lower animals, concludes that typhoid bacilli secrete a ptomaine which he has called typhotoxine, and that the disease can be prevented by innoculating with this substance.

THE German army is now being supplied with saccharine tablets. A grain of this substance will sweeten a cup of coffee, but it cannot altogether replace sugar, as it is not a food, being excreted through the urine unaltered.

CHOLECYSTENTEROSTOMY—Kappeler, in a man whose gall-bladder was greatly distended and whose ductus choledochus was obstructed by a pancreatic tumor, opened the gall-bladder, emptied it and stitched the opening in its walls directly to a corresponding slit in the duodenum.

THE point of primary importance in the case of hypophosphites is their chemical purity. One of the effects produced by the use of McArthur's Sirup is the general increase of nervous energy, with a feeling of ease and comfort. Made for physicians only. See advertisement in this number.

MANY a New York lady if asked what she meant by her family physician, might truthfully reply as follows: "Our family physician is the doctor we are in the habit of calling in when we don't know what specialty the case belongs to. We have Dr. A for the eye, Dr. B for the throat, Dr. C for the heart and lungs, Dr. D for the nerves, and Dr. E for gout and rheumatism, and when one of us is sick and we don't know how to classify the trouble, we send for our family physician, Dr. F, to tell us.*

* The Family Physician of the Future, by Dr. Andrew F. Smith.—N. Y. Medical Record, December 3, 1887, p. 698.

HERNIA is not caused by a long mesentery, for in monkeys the mesentery is always long, yet hernia is extremely rare.

In a patient suffering from widespread deposits of cancerous nodules, Hahn, of Berlin, removed and transplanted three of these. Cancer developed at the points at which they were placed.

THE PERICARDIUM MAY BE TAPPED in cases of effusion, says Wheelhouse, of Leeds, by inserting the trocar on the upper surface of the fourth rib, to the left of the sternum; advance it steadily upward from left to right, until the impulse of the heart can be felt; withdraw the trocar, leaving the canula in position.

BARUCH (New York *Medical Journal*, December, 1887, p. 784) publishes a prolix paper in support of the treatment of diphtheria by large doses of oil of turpentine. From one drachm to one-half ounce (on two occasions one ounce) is given daily in children from six to fourteen years of age, until the deposit disappears. Very frequent and large doses of sublimated, of tincture of iron, and of stimulants are also given. The writer is a theorist and an enthusiast.

COLECTOMY.—Eastman, of Indianapolis, removed eight inches of the descending colon for cancer. Lembert sutures, one eighth inch apart, of iron-dyed silk, No. 10, were used. Approximation tested by Bergeon's apparatus. The odor showing leakage, more stitches were applied, and gas again injected. Leakage again occurring, still more sutures, after which no leakage. Drainage. Bowels opened fourth day. Rapid recovery. In eight weeks, recidive at site of stump of ovary, which had been removed at same time with colon. Exploratory incision. Site of resected bowel normal. Death in four days.

THE advertisement of Messrs. John Wyeth & Bro. appeals to the intelligence and interest of every physician. The above firm are introducing the new remedies mentioned, in the form of Compressed Tablets, and the promptness and readiness of action of medicines in this form are not equaled by any other means of administration.

Their circulars are very concise, and contain full recent knowledge of the antipyretics and antiseptics, which are now attracting so much attention in the medical world.

TRACHOMA, or "granular lids", has long been an opprobrium to ophthalmologists, but if Tschepkine's results are confirmed, it will henceforth be classed among readily curable diseases. This writer, in seven cases, injected a two per cent solution of carbolic under the palpebral conjunction; in all the granulations disappeared after two or three injections. Cocaine solution is applied, an assistant draws the lid down, the conjunction is grasped with fixation forceps, and on a level with the point of fixation covered with granulations, the needle point is introduced and two or three drops of the solution injected. The important point is to inject the solution into the deepest layers of the conjunction. Neither pain nor photophobia follow the operation.

REVERDIN'S CURVED NEEDLE is highly praised by Keyes as a means of passing the suture in wounds of the bladder. In a recent case of traumatic rupture of that organ, in which operation was too late to save life, he applied Lembert's suture with this needle with the greatest facility, and after death the edges were found to be in thorough opposition and watertight, except on extreme distension.*

SPONTANEOUS VACCINE DISEASE.—After a successful ovariectomy by Homans of Boston, "two well formed vaccination vesicles appeared spontaneously in the cicatrices of two successful vaccinations done eight years before." Dr. Henry A. Martin, famous for the cultivation of bovine virus, confirmed the diagnosis.

"IGNATIA is the remedy for grief when it is not of long duration. The chronic and long lasting effects of grief call for *phosphoric acid*!!—*California Homeopath*, January, 1888, p. 21. Our funny editor would like to know what is good for a chronic and long lasting case of impecuniosity.

THE rational treatment for trismus and tetanus neonatorum, says the *New York Medical Journal*, is the preventive one, and this, in the light of recent discoveries, seems to consist in an antiseptic treatment of the umbilical cord and navel.

I NEVER get into a very large and lofty saloon without feeling as if I were a very weak solution of myself—my personality almost drowned out in the flood of space around me.—*Holmes*.

* *New York Medical Journal*, December 24, 1887, p. 781.

CORRESPONDENCE.

DEATH OF DR. HORACE CARPENTER.

AFTER a lingering illness, on February 24, Dr. Horace Carpenter died at his home in Salem, Oregon.

Dr. Carpenter was born at Connorsville, Indiana, December 19, 1827. Graduated at Keokuk, Iowa, in 1850. In 1861 he removed from Iowa to Oregon, and served as surgeon of the First Oregon Infantry during the war. He located in Salem in 1865, and, with the exception of two years, from 1879 to 1881, when he was in Portland, he remained there until his death.

In 1882 he was elected Superintendent of the Oregon Insane Asylum, and authorized to supervise the construction of the buildings and removal of the patients from Portland to Salem. His management of the institution until 1886 was marked by great ability and good judgment. Failing health caused his resignation in May, 1886.

Dr. Carpenter was mainly instrumental in organizing the Medical Department of Willamette University, to which he devoted a large portion of his time and energies for many years. He occupied the chair of Surgery in the college until about 1880, and at his death was Emeritus Professor of Surgery.

Dr. Carpenter will be longest known, however, because of his unselfish devotion to the interests of medical students and young physicians, hundreds of whom have reason to remember acts of kindness. That he received in return base ingratitude from a few, whom he had helped to good positions in life, was an experience which has come to many before him.

In the death of Dr. Carpenter, the medical profession of the Pacific Coast loses one of its most useful members, and the American Medical Association its Vice-President.

W. L. WADE, M. D.

132 West Third street, Los Angeles.

NEW LICENTIATES.

SAN FRANCISCO, March 7, 1888.

THE following persons, having complied with all the requirements of the law and regulations of the Board of Exam-

iners, were unanimously granted certificates to practice medicine in this State :

Joseph Emile Artignes, M. D., San Francisco, Cooper Medical College, Cal., November 7, 1887.

Thomas Moore Blythe, M. D., Oceanside, Bellevue Hospital Medical College, N. Y., March 1, 1880.

Thomas A. Craven, M. D., Los Angeles, Long Island College Hospital, N. Y., June 25, 1874.

James C. Deaton, Jr., M. D., San Diego, Medical College of Virginia, Va., March 1, 1871.

Edmund Elwood Fall, M. D., Oakland, College of Physicians and Surgeons, N. Y., May 12, 1887.

James C. Ford, M. D., Sacramento, Missouri Medical College, Mo., March 4, 1859.

Levi Hulbert Fuller, M. D., Tustin City, Medical Department Dartmouth College, New Hampshire, November 22, 1887.

Frank Garcelon, M. D., Pomona, Medical Department Bowdoin College, July 14, 1870.

Frederick Gundrum, M. D., San Diego, Miami Medical College, Ohio, March 1, 1868.

Isaac B. Hamilton, M. D., Los Angeles, University of Pennsylvania, April 13, 1883.

Joseph E. Hall, M. D., San Diego, Jefferson Medical College, Philadelphia, Penn., March 12, 1869.

Luther P. Hess, M. D., Oakland, Bellevue Hospital Medical College, N. Y., March 15, 1882.

Henry Hildreth, M. D., San Diego, St. Louis Medical College, Ill., March 17, 1874.

William Wesley Hitchcock, M. D., Los Angeles, Rush Medical College, Ill., February 25, 1879, and Bellevue Hospital Medical College, N. Y., March 10, 1881.

H. W. Hughes, M. D., Los Angeles, College of Physicians and Surgeons, N. Y., May 12, 1885.

Fred. Louis Marcotte, M. D., San Diego, Chicago Medical College, Ill., March 20, 1877.

Isabel M. Meader, M. D., Santa Barbara, Women's Hospital Medical College of Chicago, Ill., April 5, 1887.

Robert Warren Miller, M. D., Los Angeles, College of Physicians and Surgeons, Keokuk, Iowa, June 20, 1876, and Bellevue Hospital Medical College, N. Y., March 14, 1887.

Nathaniel B. Morton, M. D., Coronado, Harvard University, Mass., June 29, 1881.

Joseph Allen Owen, M. D., Vina, Louisville Medical College, Ky., February 16, 1888.

Andrew P. Owens, M. D., Santa Ana, Louisville Medical College, Ky., February 27, 1877.

Theorilda C. Park, M. D., San Francisco, Medical Department University of California, Nov. 15, 1887.

James Asher Richardson, M. D., San José, Toland Medical College, Cal., October 22, 1866, and Bellevue Hospital Medical College, N. Y., March 1, 1870.

Francis Fenelon Rowland, M. D., Pasadena, Jefferson Medical College, Penn., March 12, 1873.

John S. Sargent, M. D., Los Angeles, College of Physicians and Surgeons, Ill., February 21, 1887.

William S. Tremaine, M. D., Los Angeles, University of Pennsylvania, March 17, 1859.

James Paulding Wallace, M. D., Los Angeles, Bellevue Hospital Medical College, N. Y., March 1, 1875.

Herbert S. Williams, M. D., Fowler, Royal College of Physicians and Surgeons, Queen's University, Ontario, Canada, April 28, 1884.

Albert H. Pratt, M. D., Oakland, Bellevue Hospital Medical College, N. Y., March 1, 1878.

WM. M. LAWLOR, M. D., Secretary.

BOOK REVIEWS.

A MANUAL OF MEDICAL JURISPRUDENCE, with special reference to Diseases and Injuries of the Nervous System. By ALLAN McLANE HAMILTON, M. D., Consulting Physician to the Insane Asylums of New York city, etc. E. B. Treat, 771 Broadway, N. Y. Price \$2.75. For sale by Stoll & Thayer, 3 South Spring street, Los Angeles.

It is, as announced in the preface, an elementary work giving definitions and brief descriptions of various forms and phases of nervous diseases, especially in their relations to medico-legal matters. It devotes two chapters to insanity and its medico-legal relations, and one to each of the following topics: Hysteroid Conditions and Feigned Diseases; Epilepsy; Alcoholism; Suicide; Cranial Injuries; Spinal Injuries. Under capacity to make a will twenty cases that have been decided by the courts are given in detail, covering very fully the vari-

ous forms of mental unsoundness which are alleged to cause testamentary incapacity. Where insanity is offered as a defense in criminal cases, nearly thirty cases and the decisions are cited bringing out quite clearly the legal idea of responsibility. Each subject is well illustrated by cases briefly, but clearly described, more than one hundred being given in all. It is a compilation or compendium rather than a scientific discussion of the principles involved in the various subjects; but it has a carefully prepared index, and so much valuable matter is found in so small a compass that it will prove a very desirable volume, both for the lawyer and the doctor.

THE ATLAS OF VENEREAL AND SKIN DISEASES. By PRINCE A. MORROW, A. M., M. D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology, in the University of the City of New York; Surgeon to Charity Hospital, etc. William Wood & Company, New York. 1888. Wm. S. Duncombe & Co., San Francisco, Pacific Coast agents.

The publishers in announcing this work say: "Among other distinguished gentlemen who have engaged to contribute selections from their collections of original illustrations may now be mentioned: Dr. J. Hutchinson, of London; Profs. A. Fournier and A. Hardy, and Drs. Ricord, Cullerrier, Besnier and Vidal, of Paris; Prof. Leloir, of Lille; Drs. P. A. Morrow, E. L. Keyes, Fessenden N. Otis and H. G. Piffard, of New York; and Dr. J. Nevins Hyde, of Chicago.

"In this work particular attention is given to the common forms of skin diseases, and included in it not only as a valuable independent feature, but also as a practical means of differential diagnosis, are the Eruptive Fevers, as rubeola, scarlatina, erysipelas, variola, varicella-vaccinia, etc., *not found in any other work of the kind.*

"The text is printed from new type, large, clear and handsome, and the paper is heavy, with a highly finished surface.

"Altogether, considering the reputation of the authors of the plates, the ability of the editor, the artistic execution of the plates, the excellence of the presswork, the high quality of the paper of both text and plates, and the large size of the page, it will be the most superb work in medical literature ever published in the English language; and considering the number and completeness of the plates, the unusually wide field they cover, considerably exceeding any other similar work, it is much *the cheapest* ever offered to the profession.

"The Atlas of Venereal and Skin Diseases will be published in fifteen imperial folio parts, containing seventy-five superb colored plates, executed in true chromo-lithographic style, exquisitely printed in flesh tints and colors, containing several hundred figures, many life-size, together with descriptive text for each plate, and from sixteen to twenty folio pages of a practical treatise upon venereal and skin diseases; the whole forming one magnificent thick imperial folio volume.

"It will be sold by subscription only, at the very moderate price of \$2 per part."

We have received parts I and II, containing ten beautifully colored plates, each of which portrays several varieties of syphilitic lesions. There are chancreoids, buboes, examples of phimosis and paraphimosis, in all their stages.

The text of Part I deals entirely with chancreoids, and is concise, clear and practical.

The author says: "Of all the agents which have been employed in the treatment of chancreoids, iodoform is, perhaps, the most efficient and universally applicable. It modifies the ulcerative tendency of the sore, diminishes the secretion, and stimulates a healthy action, while its anesthetic properties admirably adapt it for the treatment of inflamed and painful chancreoids."

Part II is an interesting treatise on Syphilis, in the course of which Dr. Morrow says: "However plausible the theory of the microbial origin of syphilis may appear, it has not been satisfactorily established by the investigations thus far made, and the essential nature of the syphilitic virus yet remains undetermined." * * * * * "It was formerly thought that the clear vaccine lymph could not be the vehicle of the syphilitic virus, and that this mode of contagion was only possible when blood was drawn in collecting the lymph. Recent experience has shown, however, that the clear lymph from the vaccine vesicle upon a syphilitic subject, without any possible admixture of blood, is capable of conveying the contagion." In speaking of "Extra Genital Chancres," * * "Anal chancres occur, according to French statistics, in the proportion of over eight per cent in women, less than one per cent in men. * * * When resulting from the practice of sodomy, the chancre will be found on the same side of the anus as on the penis." * * * "The three specific charac-

ters of mobility, hardness and indolence serve to distinguish the bubo of syphilis." * * * * "Suppuration of a syphilitic bubo is so rare that its occurrence usually suggests the suspicion of a mixed chancre."

The illustrations are so vivid, profuse and life-like, and overshadow to some extent the text, yet the latter contains a terse and complete statement of the latest conclusions in regard to the diseases of which it treats, and we advise every general practitioner to give it a careful reading.

HEALTH LESSONS—A PRIMARY BOOK. By DR. JEROME WALKER, Lecturer on Hygiene at the Long Island College Hospital, etc. New York: D. Appleton & Co. 1887.

We like to see a man take a line of work and follow it up persistently and consistently as Dr. Walker has done. Fifteen years ago he was young and enthusiastic in this same work, especially in prophylactics of diseases of children, when he taught us in Brooklyn how to handle babies as well as how to heal them. This beautiful little book of 200 pages is the right work to put in the hands of children. It is the result of Dr. Walker's twenty years' work. Physicians who are on Boards of Education or who have influence in educational matters, would do well to have this work introduced into intermediate and grammar schools. It is an excellent book for a family to have for half-hour evening readings.

THE NEW YORK MEDICAL JOURNAL VISITING-LIST AND COMPLETE POCKET ACCOUNT-BOOK. Prepared by CHARLES H. SHEARS, A. M., M. D. Price \$1.25. D. Appleton & Co., Publishers.

This has the advantage that it can be commenced at any time of the year. It is provided with an index and arranged for 375 accounts.

EPIGRAM ON AN OBSTETRICIAN.

Sir Fielding Ould is made a Knight;
He should have been a lord by right;
For then each lady's prayer would be,
"O lord, good lord, deliver me,"

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION, FOR FEBRUARY, 1888.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.

Los Angeles, California.

Month of March 1888.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & hundreths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	30.04	47.0	58.0	35.9	.01	Mean Barometer 30.034.
..... 2	29.90	48.3	54.0	43.0	1.50	Highest Barometer, 30.330, date 11 and 23.
..... 3	30.07	51.0	59.3	43.0	.28	Lowest Barometer, 29.661, date 8.
..... 4	30.13	48.8	52.2	43.9	.06	Monthly Range of Barometer, .669
..... 5	30.09	52.0	60.5	43.9	.26	Mean Temperature 55.1.
..... 6	30.02	52.0	61.3	40.5	T	Highest Temp'ture, 79.0, date 12.
..... 7	29.89	51.7	59.5	48.0	.09	Lowest Temperature, 35.9, date 1.
..... 8	29.73	54.7	61.5	47.2	.82	Monthly Range of Temp. 43.1.
..... 9	30.11	52.7	59.3	47.2	T	Greatest Daily Range of Temp. 30.0
..... 10	30.27	53.0	63.5	42.3	T	Least Daily Range of Temp. 8.3.
..... 11	30.30	58.7	73.0	45.0	.00	Mean Daily Range of Temp. 18.3.
..... 12	30.21	64.3	79.0	49.0	.00	Mean Temperature this Month
..... 13	30.06	59.0	74.0	48.0	.00	1878..56.0 1882..55.3 1886..54.3
..... 14	29.99	56.0	62.0	51.0	T	1879..58.5 1883..56.7 1887..59.1
..... 15	30.01	57.0	63.0	52.0	.01	1880..51.1 1884..54.3 1888..55.1
..... 16	30.01	57.0	70.0	47.0	.06	1881..55.8 1885..60.6
..... 17	29.95	57.3	67.0	49.3	.01	Mean Daily Dew Point, 47.4.
..... 18	29.92	58.0	66.0	53.8	.00	Mean Daily Relative Humidity, 77.6.
..... 19	29.96	57.7	66.0	51.0	.00	Prevailing Direction of Wind W.
..... 20	30.11	56.0	66.5	46.5	.00	Total Movement of Wind, 4621 miles.
..... 21	30.07	58.7	72.8	47.3	T	Highest Velocity of Wind and Direction, 30 miles, E
..... 22	29.98	57.0	65.6	47.4	T	Total Precipitation 3.17.
..... 23	29.97	56.0	62.0	53.0	.01	Number Days .01 inches or more Rain Fell, 11.
..... 24	29.91	56.0	64.0	50.3	.01	Total Precipitation (in inches and hundredths) this month
..... 25	29.86	56.3	66.0	49.0	T	1878..2.57 1882..2.66 1886..2.52
..... 26	29.87	52.7	65.0	47.0	.11	1879..49 1883..2.87 1887..27
..... 27	30.03	55.7	70.0	41.0	T	1880..1.45 1884.12.36 1888..3.17
..... 28	30.12	55.3	67.8	43.0	.00	1881..1.66 1885..01
..... 29	30.10	57.0	66.0	51.0	.00	Number of Foggy Days, none.
..... 30	30.13	54.3	67.0	42.0	T	" " Clear " 10
..... 31	30.21	56.0	67.8	43.0	T	" " Fair " 12
						" " Cloudy " 9
						Dates of Auroras, none.
						Dates of Solar Halos, 5, 10, 12, 15
						Dates of Lunar Halos, 21.
						Dates of Frost—Light, 1.
						Killing, none.
						Dates of Thunderstorms, 26th.

*Precipitation from Fog or Dew.

The T indicates trace of precipitation.

GEORGE E. FRANKLIN,

Sergeant Signal Corps.

NOTES: Barometer reduced to sea level.

"I SAW," says a traveler, writing about Canton, China, "a Chinaman select from a tank a fish, from the side of which the vender cut a pound or two, and then returned it to the tank to swim about until some other customer bought the rest of it, or death relieved it of its sufferings."

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ORIGINAL.

"MIDWIFERY WITHOUT ERGOT."*

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A SHORT time since I heard a gentleman, who was rather young in the profession, remark that we could practice midwifery just as well without ergot, and it started me on a train of thought that caused me to compare the status of the use of ergot of to-day with the custom almost universal a decade ago.

By saying the use of ergot of to-day, I mean the use of it by progressive obstetricians. Ten years ago it was a very common practice to prescribe ergot liberally in all cases of inevitable abortion. It was also a practice to prescribe ergot almost indiscriminately in all cases of placenta previa. It was also the teaching of many of our obstetric professors and books on obstetrics, that ergot should be given in tardy labors when the os uteri was dilated, and to be given in all labors when the fetal head reached the perineum. I remember well how a certain professor, who had a very extensive practice in obstetrics, boasted that by thus giving ergot previous to the delivery of the head, all danger of post-partum hemorrhage was avoided. It was the common practice to give another dose of ergot after the child was born, and then to order it in pretty fair doses about once every six hours for a week or two to hasten involution.

Having been educated myself to this general idea of using ergot, I looked back over my professional work of the past ten years to see how I had gradually changed my line of practice in this respect, and recall the causes that led to this change.

* Read before the State Medical Society of California, April 20, 1888.

THREATENED ABORTION.

It is my purpose in this paper to take up, one by one, the leading conditions considered suitable for the use of ergot in the past and give my methods of employing it, or not employing it, at present.

Formerly when I was called to a case of threatened abortion where there was considerable hemorrhage, I felt that abortion was inevitable and began at once the administration of ergot. I found to my surprise that a number of cases, even after taking ergot, and after they had lost considerable blood, failed to abort or miscarry, and that taught me that in certain cases of threatened abortion with hemorrhage where there was a slight separation of the placenta from the uterus, that moderate doses of ergot administered to the extent of causing some contraction of the uterine arteries, and yet not enough to produce violent contractions of the uterus, would control the hemorrhage, while small doses of opium would keep the patient quiet, and after keeping the woman in a horizontal position for a few days she would get up and go through her full term, and be delivered of a living child.

This has been my practice now for three or four years: when I am called to a case where there is slight hemorrhage, and slight pains, and almost no dilation of the os, I give fifteen to thirty drops of the fluid extract of ergot, and a small dose of morphine, with directions to repeat the ergot about every four hours, until all signs of hemorrhage have disappeared and I do this with the expectation of preventing an abortion and not of encouraging it.

About two years ago, I was called to see a lady who was pregnant for the third time. She had carried one child to full term and aborted about the fifth month with the other. I found her apparently about four months advanced, having profuse hemorrhage, and an os dilated about the size of a quarter of a dollar. Following my usual plan, I gave her thirty drops of ergot and a quarter of a grain of morphia, which I ordered repeated every eight hours. The next day I found that the hemorrhage had entirely ceased, that the os was not quite as much dilated as on the day before, and that there were no pains whatever. This woman was up in a few days and went on for two months without any hemorrhage. She then flowed again considerably, and I again gave her the

ergot and morphia. She now went on to full term and I delivered a living child; but, to my surprise, after delivering a fair-sized living child, I found the mummified body of a fetus, apparently about three months old.

My opinion is that this was a case of twins, that for some cause one died when about three months old; that this dead child acted as a foreign body, created contractions, caused some portion of the placenta to be separated from the walls of the uterus, and thus the hemorrhage was produced; that the administration of the ergot controlled this hemorrhage, while the morphia controlled the pains, and that thus, by the use of ergot and morphia, the woman went through her full term of pregnancy with this foreign body in her uterus.

Again, I was called a short time ago to a lady who was carrying her eighth child, and in about the beginning of the seventh month she had quite a hemorrhage and some pains. I examined the uterus, found it slightly dilated and put her on the use of thirty drops of the fluid extract of ergot and an eighth of a grain of morphia; the ergot to be repeated every six hours, the morphia when necessary for pain, and the next day her hemorrhage was controlled and she went on to full term. At the close of the third stage, I examined the placenta and found a place on its mural surface where there were evidences of separation; this portion was about half the size of the palm of my hand. Here, I believe the placenta had become detached from some strain or possible blow, hemorrhage had begun, some pains accompanying it, and the ergot caused the contraction of the arteries, the hemorrhage ceased, morphia controlled the pain, and thus this woman was permitted to go on to full term.

These are but two cases of at least twenty that I have met with in my practice where the use of ergot has evidently been instrumental in preventing abortion or miscarriage.

Now, a word as to the use of ergot in

INEVITABLE ABORTION.

I believe it is a very common practice to-day amongst physicians when called to a case of inevitable abortion, where there is considerable dilation and hemorrhage, to administer drachm doses of ergot almost indiscriminately. The query arises, why do this? What can be the advantage in a case where

you wish to empty the uterus to give the remedy that will cause almost uniform tetanic contractions of that uterus and prevent the very object which you wish to accomplish? If you desire to gain time and go home for a night's rest you might have reason for giving the ergot, but your patient would have a night of suffering, unless you combined the ergot with very liberal doses of morphine, and you would probably have to begin in the morning where you left off the night before, if you were not called up at midnight to see the case, and your patient would be much more exhausted and less able to stand the operative interference that would then probably be necessary.

Instead of giving the ergot, I think it would be far wiser, where contraction and dilatation has advanced to such an extent that abortion is inevitable, to immediately endeavor to rapidly dilate the mouth of the womb, by the finger or steel dilator, and empty the uterus of its contents.

After the removal of the fetus and placenta, I still fail to see where the use of ergot would be of advantage. Hot water irrigation, with advice to repeat in case of hemorrhage, and if there has been operative interference to repeat at least twice a day for a few days after the evacuation of the contents of the womb, is a far better provision for the patient than frequently repeated teaspoonful doses of the fluid extract of ergot.

In labor the use of this drug can, I believe, be employed solely on the dogmatic advice of Pajot, that is, never to use ergot until the womb is empty. I believe that there have been many children still-born from the teaspoonful of ergot given as the head reached the perineum. In my early years of practice, I can trace to my own satisfaction, or dissatisfaction, deaths of still-born babes to the use of ergot.

At the close of the third stage of labor it is certainly unnecessary to administer this medicine, or any medicine, in a normal case, but if there is post-partum hemorrhage, and we feel the hot blood gushing out over our hands and arms, and realize that our patient is rapidly losing all hold on life, it is a great satisfaction to have an assistant at hand to administer hypodermic injections of the fluid extract of ergot. Whether the advantage from the administration of ergot at such a time is real or traditional I am not ready to say, but that ergot

alone can be relied upon in such a case I believe no physician here will assert.

I would much rather have a good firm pressure of my right hand internally and my left hand externally than any number of injections of ergot, if I had to rely on either one or the other.

I would much rather depend on ice inserted by the hand into the womb than to have to depend on ergot alone. I would much rather, far rather, depend on injections of hot water, combined with frequently repeated external manipulations of the fundus, than on the use of ergot alone in post-partum hemorrhage. This being the case, I begin to realize what a small place in my confidence ergot holds as a controller of post-partum hemorrhage. Yet I would not be without it in such a case; I would not advise a young physician to go to a case without carrying his ergot with him. Professor Pajot is so earnest in his belief in the value of ergot in midwifery that he carries in his obstetric bag an ergot mill that enables him to powder the ergot on the spot, so that in the hour of need a strong preparation of the drug may be made in the patient's chamber.

In 1853 the Academy of Medicine in Paris adopted the conclusions of M. Depaul that, except in miscarriage, in certain labors attended with hemorrhage, and occasionally at the conclusion of natural labor, parturient women would be gainers by the complete disuse of ergot. This doctrine, emanating from such a prominent source, has been a long time permeating the professional ranks of America, and yet to-day it is almost abreast with the practice of the best obstetricians.

After post-partum hemorrhage is controlled, the question of subsequent administration of ergot to prevent relaxation arises. Here ergot is doubtless of some advantage, yet its use to the exclusion of the use of hot water injections and *massage* would be worse than the use of hot water injections and *massage* to the exclusion of ergot. It is of absolutely no use in hastening involution. Dr. Blanc has, according to the *London Medical Record*, recently carried out a hundred observations on the influence of ergotine on involution of the uterus, and he found that the process of involution did not take place more rapidly in women to whom ergotine was ad-

ministered than in those left to nature. This conclusion is doubtless in harmony with the conclusion of every practitioner who has given the matter careful observation.

Finally I would lay down this law, that ergot should be used in midwifery only as a hemostatic, and its use as a hemostatic should be limited to the following conditions:

1st. In cases of threatened abortion it can be given in small doses to prevent abortion.

2d. In cases of inevitable abortion it may occasionally be used to delay the abortion.

3d. In cases of post-partum hemorrhage it may be used at the time of the hemorrhage and for two or three days thereafter.

4th. It may be used hypodermically, after the removal of the placenta in Cæsarian section.

That there are other remedies which might well supplant ergot, even in these conditions, I have no doubt. Chief among these are gosypium, hamemilis and hydrastis. Yet I never believe in discarding an old and long-used drug for a new one unless I see that the new one presents points of decided superiority. That either of these medicines mentioned have any advantage over ergot has not been proven to my satisfaction.

In conclusion, I would advise the young practitioner who said that he could practice midwifery without ergot to not attempt to carry out his intention in that direction, but to rather walk in the footsteps of those who have had an abundance of experience, and who can better judge than he as to what medicines should be omitted from the obstetric bag.

237 South Spring street.

DR. HOLMES, on being asked when the training of a child should begin, replied: "A hundred years before it is born."

BARON OSTEN SACKEN, the entomologist, who was the highest authority on *Diptera*, or two-winged insects, always maintained that he had erred in making out a range of study too vast for any single intellect; and that he should have done better to confine himself to some one family, as, for instance, the *Culicidæ* or gnats.

**BREATHING EXERCISES IN THE PREVENTION AND
TREATMENT OF LUNG DISEASES.***

BY JOHN L. DAVIS, A. B., M. D.,

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I DESIRE this evening to bring before the Society some considerations as to the value of systematic breathing exercises in the treatment and in the prevention of diseases of the respiratory tract.

There is no question that regular general exercise is of prime importance in maintaining the bodily organs and their functions in a state of health. This is one point upon which all physicians agree. Not only does exercise tend largely to the maintenance of health and general well-being, but it leads to that bodily vigor which resists disease. In other words, through properly regulated exercise, a reserve force is accumulated which may be drawn upon when needed.

This energy may be directed toward the development of special functions or organs, and one part or system of the body becomes conspicuously stronger or more active than the rest. It is continued exercise that produces the blacksmith's muscle, the touch of the blind, the dexterity of the juggler, the endurance of the athlete. Strong muscle, a sensitive touch, dexterity and endurance are all admirable elements, particularly in a sound body. But it is far too often the case, that the very foundation of strength and endurance and vigor is neglected; and the lungs, which of all organs rank first in importance, whether we consider the functions of health or the danger of disease, are too apt to remain undeveloped; their fullest functional service is not carefully sought after.

There is no question that if the care that is given toward developing the muscular and nervous systems were devoted to strengthening the breathing apparatus and increasing lung capacity, an infinitely greater benefit would be obtained by the individual; a greater factor in preserving health and withstanding disease. This is especially the case with persons whose lungs are below par through weakness, either inherited or acquired.

* A paper read before the Los Angeles County Medical Society, April 6, 1888.

In this connection there are three propositions, which hardly need demonstration :

1. In the ordinary individual the lungs are not fully developed ; many of the air-cells have only to the slightest extent been brought into use. This fact is repeatedly illustrated in post mortem examinations of these organs.

2. Proper breathing and muscular exercises will bring these cells into use and enlarge the breathing capacity (*i. e.*, "*vital capacity*"). By way of proof reference may be made to the effect of training in vocalists and athletes.

3. Individuals whose lungs are well developed are less liable to pulmonary diseases than are those whose lung capacity is less developed. In support of this proposition I may refer to the valuable paper of Dr. Balfour (*Med. Chirurg. Trans.*, 1860, p. 263), in which he shows, from a large number of recruits for the English army, that among those whose lung capacity was below the average there was over four times the sickness that prevailed among recruits whose capacity was above average. One of the highest authorities upon the science of life insurance (Sieveking, *Med. Adviser in Life Ins.*, p. 42) says : "Respiration and life may be regarded as synonymous, and we find that vital power may be measured by the manner in which the functions of respiration are carried on. Hence the stress that medical men, and even popular opinion, lays upon the value of a well developed chest, which affords an indication of the *vital capacity* of the lungs. In ordinary quiet respiration, the thorax is neither fully expanded nor fully emptied of the contained air. To measure its entire capacity—*i. e.*, to determine the whole amount of air which it is capable of taking in and discharging in one respiratory act—it is necessary that a forced inspiration and a forced expiration be made."

The average vital capacity is 225–250 cubic inches for a man of ordinary height at thirty years of age. The capacity increases with the individuals' height ; and it also increases from the age of fifteen to thirty-five. In later life, however, it is found to decrease.

The average of expansion for the "normal" man is three inches ; that is, the difference in chest circumference between the completest expiration and the fullest inspiration. If it falls much below this figure, life companies agree that the in-

dividual is an unsafe risk for insurance, because he is not likely to live out his "expectancy."

But systematic exercise will increase the expansion considerably. I have often examined patients and applicants for insurance whose expansion was over four inches, and in a few inches the expansion has reached five inches. In most, if not all cases of unusually large expansion, the individuals were either vocalists or players on wind-instruments, or they had taken special pains to develop their vital capacity. Some years ago, when I first made application for life insurance, my chest expansion was four inches; and this amount was (in a few weeks) increased to five inches by careful exercises, vocal and respiratory.

But the greatest benefits to be derived from lung exercise are not in the cases of healthy individuals, but rather in those whose vital capacity is below the normal—who are hollow-chested, stooping and feeble in their breathing. The imperfect development of their respiratory function invites disease; their lungs are vulnerable. Proper exercise will throw off this debility and render them less liable to disease. We may go even a step further and say, that in many cases where lung disease actually exists, breathing exercise is one of the most valuable elements in treatment. I have often been gratified with the way in which a consolidated lung in chronic pneumonia of long standing and slow progress would improve under proper lung exercise. Indeed, in some of these cases it has seemed that properly regulated exercises have rendered greater service than could be derived from ordinary drugs.

The exercise which I have found of most value in developing the lungs may be described as follows :

Standing as erect as possible, with shoulders thrown back and chest forward, the arms hanging close to the body; the head up, with lips firmly closed, inhalation is to be taken as slowly as may be; at the same time the extended arms are to be gradually raised, the back of the hands upward, until they closely approach each other above the head. The movement should be so regulated that the arms will be extended directly over the head at the moment the lungs are completely filled. This position should be maintained from five to thirty seconds, before the reverse process is begun. As the arms are gradually lowered, the breath is exhaled slowly, so the lungs shall

be as nearly freed from breath as possible at the time the arms again reach the first position, at the side. By these movements the greatest expansion possible is reached; for, upon inspiration, the weight of the shoulders and pectoral muscles is lifted, allowing the thorax to expand fully; while upon exhalation, in lowering the arms, we utilize the additional force of this pressure upon the upper thorax to render expiration as complete as possible.

These deep respirations should be repeated five or six times; and the exercise gone through with several times a day. It is hardly necessary to remark that the clothing must in no way interfere with the exercise.

In some cases this exercise is more advantageous when taken lying flat on the back, instead of standing. In this position the inspiratory muscles become rapidly strengthened by opposing the additional pressure exerted by the abdominal organs against the expanding lungs. And on the other hand, expiration is more perfect and full on account of the pressure of these organs. This is an exercise now advocated by several leading vocal teachers of Europe.

In conclusion, I will mention the exercises proposed by Dr. Dally (Bul. Gun. de Thésap., Sept. 20, 1881), for enlarging lung capacity:

"1. The first or normal is the vertical position, perfectly erect, as if standing against a wall, the arms hanging by the side. This position should be taken and kept ten minutes at a time, a number of times a day.

"2. The two arms and the hands are extended horizontally forward, the palms facing. The hands are separated slowly, whilst the chest is inclined forward. Remain in this position thirty seconds, and inspire deeply by the nose. Return to the initial position and expire. Execute this movement six times.

"3. The arms hang by the side; raise them upward—the fingers well extended—above the head, the palms looking forward. Take a deep inspiration. Let fall the arms alongside the body, palms open, and expire slowly.

"4. Double rotation at the side. The subject being in the normal position (first), executes as large as possible, the arms well extended, double rotation laterally, and inclining the trunk forward each time that the arms are thrown behind, and never projecting the abdomen forward. This movement is executed entirely by the scapulo-humeral articulation.

"5. The arms are crossed horizontally, the palms looking backward. Flexion lateral, alternately, of the trunk. The flexion will be then regular, transverse, the abdomen drawn in, the legs extended apart, the pelvis fixed. The limit of the flexion is the vertical position of the elevated arm. Mild inspiration during the flexion, at its termination expiration. Execute these movements six or eight times.

"These exercises, if faithfully carried out, improve the shape and capacity of the thorax and check the development of incipient phthisis.

"According to Dr. Dally, dyspnœa, polysarica, and arthritic conditions are removed or sensibly ameliorated. Venous stases, varicose dilatations, and infarctions are, after some weeks of such movements, much improved, when the circumstances are favorable. The great obstacles to this hygienic medication in our civilization are the habitual laziness and idleness, and the indisposition to devote time and interest to such means."

NOTES ON ANTISEPTIC SOLUTIONS AND WOUND-DRESSINGS.

BY FRANCIS L. HAYNES, M. D., LOS ANGELES.

"In fact, gentlemen, you must not only disinfect everything which may touch the seat of operation, but also everything which may touch anything which may touch the seat of operation."—BILLROTH.

THESE notes are not given as original, but merely to serve as a ready means of informing the reader concerning certain allusions in current medical literature.

LITERATURE.

The most practical article on the subject is found in a very brief pamphlet by Morton of the Pennsylvania Hospital, Philadelphia, which was distributed to the profession gratuitously last year. The younger Morton and Penrose both published very valuable articles on the same subject in the *Medical News*, Philadelphia, in 1886 and 1887. Gerster's very elaborate work on Antiseptic Surgery (just published by Appleton) contains much valuable information. Pilcher on the Treatment of Wounds (Wood & Co.) is useful.

CARBOLIC ACID.

The crystallized acid of Gresser and others is as efficient, and very much cheaper, than Calvert's. As carbolic is practically insoluble in water, it should be diluted with equal quantity of glycerine before mixing with water. As it forms an insoluble compound with albumen, which prevents exact coap-

tation, and interferes with proper cleaning of the raw surface, the parts should first be thoroughly cleaned with pure boiled water. Thus, in washing decomposing clots out of the uterus, if carbolic solutions be used first, they may have a tendency to cause the retention of clots by making them adhere to the mucosa. The great objections to this drug are its occasionally poisonous action, not only on the patient but also on the operator (Keith), the profuse serous discharge which follows its application to wounds, and its feebly germicidal powers, except in strong and therefore harmful solutions.

As a dressing for external dry wounds, such as the abdominal incision in laparotomy, in the form of a twelve per cent glycerole (Keith), I believe it to be perfect: the affinity of the glycerine for water keeps the dressing permanently moist; the skin is not irritated. A compress of eight thicknesses of cheese-cloth, about three inches wide, is applied directly to the sutured surface and covered with a piece of rubber tissue, and the whole is held in place by adhesive strips. Where any discharge is expected, this dressing is unsuitable, as the compound of carbolic and albumen formed, unless soon removed, forms a nidus for the development of germs.

As sublimate has proved to be so much more powerful as a germicide, carbolic is now chiefly used in preparing instruments, sponges and thread. Sponges which have been soaked in carbolic should be rinsed in pure water before using, especially in abdominal operations. Bloody instruments should be rinsed in water before they are replaced in carbolic solution, otherwise they will soon be obscured by a cloud of coagulated albumen, which is anything but antiseptic. The best way is to pump the carbolic lotion out of the pans containing the instruments, before the operation.

CORROSIVE SUBLIMATE.

To make this salt soluble in water, it has been used in alcoholic solution, or double the quantity of common salt or chloride of ammonium has been added. The best formula is as follows:

Corrosive sublimate,	}	- - of each 1 drachm.
Hydrochloric acid,		
Distilled water, enough to make		- - 1 ounce.

This forms a perfect and permanent solution. One teaspoonful to a pint of water makes a solution of 1:1000. Or the solution may be made with tartaric acid.

Laplace, of New Orleans, experimented extensively with it in acid solutions of sublimate in Koch's laboratory, and in actual practice, and claims that they are much more highly germicidal than ordinary sublimate solutions, *that they do not coagulate albumen*, and so prevent the access of the solution to the remoter recesses of the wound, and that they are not readily decomposed by the impurities met with in common water. The reverse is true of other sublimate solutions.

A tablet of sublimate and citric acid, manufactured by Parke, Davis & Co. (Bernay's Antiseptic tablet), after Laplace, is very convenient. One to a pint=1:4000 solution. They are readily soluble, and are especially desirable when sublimate is to be used in irrigation by nurse

Sublimate is not as useful as carbolic as an antiseptic for sponges and thread, as it more rapidly "rots" them.

BORO-SALICYLIC SOLUTION.

This, which is called Thiersch's solution, and which is much used in Germany in peritoneal operations, on account of its blandness, is made by adding two parts of salicylic and twelve parts of boracic acid to 1000 parts boiled distilled water.

SPONGES.

Buy in bales, at a cost of about two cents each. Beat out calcareous matter, soak in ten per cent hydrochloric acid solution for twenty-four hours, wash thoroughly in soft soap, put in five per cent carbolic for three days. Dry in sun, in clean place; place in muslin bags and hang up, in dry, clean place, or store in preserving jars, in three per cent carbolic.

After operation, throw away all except largest; these can be thoroughly washed, soaked in ten per cent solution of sod. bicarb. for twenty-four hours, washed again thoroughly with soft soap, rinsed and soaked for three days in ten per cent carbolic. Dry and store away. In laparotomies, and other important operations, we repeat the washing with soft soap and the soaking in carbolic just before operation, but are careful to wash out all the carbolic before allowing them to come in contact with the peritoneum.

Before a laparotomy, carefully examine your sponges, and discard those that are friable, lest a portion should be left in the abdominal cavity.

Extreme care should be used in the management of the sponges during the operation. Those which have come in contact with pus, feces, etc., should be thrown under the table. Those which are only bloody may be rapidly washed in hot boiled water, and handed to the operator as he needs them.

Recently I have followed good authority in discarding sponges, except in laparotomies, and use instead pieces of moist sublimate gauze, about six inches square, of which a large bowlful is placed convenient at the beginning of an operation. Each piece should be used but once.

SILK.

Buy good sewing (not embroidery) silk of various thicknesses; remove the labels from the ends of the spools; boil for two hours (without removing from the spools) in ten per cent carbolic or plain water; store in alcohol in wide-mouthed bottle. Before operation soak corked bottle in sublimate solution. During operation remove cork, draw end of thread over edge of bottle and cut off ligatures or sutures as required.

In the abdominal cavity, use nothing but silk.

CATGUT.

Unprepared Commercial Gut can be obtained (in five sizes) very cheaply, of W. G. Rometsch, 2109 East York street, Philadelphia; or of L. H. Keller & Co., 64 Nassau street, N. Y. If a small quantity is needed, you may use violin strings; but discard those of a *yellowish color*, as this indicates that the gut is old and rotten. Amende, Union Hill, N. J., furnishes all varieties of dressings at reasonable rates.

Juniper-oil Gut is prepared by soaking in oil of juniper berries for forty-eight hours, rinsing in absolute alcohol, and storing in absolute alcohol, with ten per cent of glycerine added, in air-tight jars. No water should be allowed to touch the gut at any time. This will resist absorption from seven to ten days, according to size. Just before operation, enough sublimate solution should be poured in the jar containing the gut to make a solution=1:1000.

Chrome Gut will resist absorption for from ten to thirty days, according to size. Take twenty parts of water, one part of carbolic acid, 1-200 part of chromic acid, and to this mixture add one part of catgut, as prepared above. Let it stand for forty-eight hours, wash in absolute alcohol, and preserve in the same, with ten per cent of glycerine added. In tying catgut, the first tie should be made with the double hitch (surgeon's knot).

Iodoform Gut.—Immerse the prepared gut for five minutes in ether, 100; iodoform, 5. Take out and place in a well corked, wide-mouthed bottle. This is suitable for transportation.

Sulphurous Acid Gas will resist the action of living tissues for three weeks. It is made by soaking for twelve hours in a one per cent solution of chromic acid, and then for twelve hours more in sulphurous acid (B. P.). It is dried, while kept on the stretch by tying the ends of each hank to two fixed points in a room. It should be soaked in carbolic solution for fifteen minutes before using.

GAUZE.

Gauze (or cheese-cloth, which answers every purpose) is best procured at the dry-goods stores. It should be thoroughly washed with soap and washing-soda, and then boiled, as the first step in its preparation.

Sublimate Gauze is prepared by thoroughly soaking in a solution of sublimate, 1:500 or 1:1000, drying, and storing carefully in a tight receptacle. Or it may be prepared extemporaneously by dipping clean gauze into the appropriate solution and applying while moist.

Sublimated Filtering Paper may, on a pinch, be substituted for gauze.

Iodoform Gauze is prepared as follows: Three drachms of powdered iodoform are mixed with six ounces of castile soap-suds, using 1:5000 sublimate solution instead of ordinary water. This emulsion is poured over two and a half yards of

gauze, and evenly distributed through it by a short rubbing process. This will make a ten per cent gauze. For a twenty-five per cent gauze, increase the iodoform to seven drachms. Or the dry iodoform may be rubbed into the dry sublimate gauze, which may then be rolled into strips, and stored in fruit jars.

Iodoform-Tannin Gauze, especially useful as a tampon for bleeding cavities, is made in the same way as ordinary iodoform gauze, except that an equal weight of tannin is used. Wicking may be used instead of gauze.

Adhesive Iodoform Gauze is used in deep cavities, where frequent re-dressing is not desirable, as after extirpation of the rectum or tongue. Prepare by pouring over five yards of gauze a mixture of

Iodoform,	- - - - -	3½ ounces.
Resin,	- - - - -	1½ "
Alcohol,	- - - - -	4 "
Glycerine,	- - - - -	6 drachms.*

Sterilization of instruments and dressings may also be accomplished by steam-heat, at a temperature of 212 degrees Fahrenheit. A ready way to accomplish this is to keep them in Arnold's Automatic Steam Cooker for twenty minutes before operation.

SUBLIMATE COTTON.

Soak absorbent cotton in 1:400 sublimate solution for four hours, pass through clean wringer, spread out in canvas bag, and dry in oven.

Boro-Salicylic Gauze and Cotton may be made by soaking for four hours in a saturated solution of salicylic and boracic acids and 1000 parts of water, and drying as above directed. When used, they should be freely dredged with the so-called impalpable boracic acid.

INSTRUMENTS AND INSTRUMENT CASES.

All instruments should be made entirely of metal. Locks should be of the French pattern: that is, so that the blades may be separated for cleaning.

TO CLEAN INSTRUMENTS.

Scrub assiduously by nail-brush, with soft soap and water, especially about locks, teeth and crevices. Rinse in pure boiled water. Fifteen minutes before operation, place in ten per cent carbolic in large agate-ware pans, arranged in proper order, on table convenient to operator's right hand. Just before operation, dilute the carbolic solution so as to make it two and a-half per cent.

Many excellent operators, having thoroughly disinfected their instruments, place them in dry pans. In the disinfecting process, the pans themselves should not be neglected.

* Weir, *Medical News*, December 17, 1887.

The old-fashioned instrument cases should be discarded, as they cannot be disinfected. Home-made receptacles should be substituted, made as follows: *

Instrument-Towels: Ordinary linen towels with a strip of same material sewed on to form pockets for the instruments.

Pocket-Cases are made of light canvas with flaps to fold over the instruments and a tape on the outside to keep it closed. The instruments are kept in position by tape-loops on the inside of the canvas.

Instrument-Bags are made of canvas with straps of the same material, and a bottom made of hardwood a quarter of an inch thick.

All these can be kept thoroughly aseptic by boiling. They are cheap; anybody can make them.

TO PREPARE THE SEAT OF OPERATION.

Let the patient be thoroughly bathed, and put in clean clothes. Thoroughly wash the seat of operation with soap and water, by a nail-brush; shave; wash thoroughly with 1:500 sublimate, and wrap the parts with towels saturated in five per cent carbolic. Surround the seat of operation by carbolized towels. Sublimate is not used for this purpose, because it injures instruments.

TO CLEAN THE HANDS, ETC.

Take a bath before operation, and put on clean clothes. Remove coat, vest and suspenders; slit up shirt sleeves, and turn them up and fasten above elbows, with safety pins. Put on long, clean linen coat. Trim nails, scrape out subungual spaces, scrub arms and hands for five minutes with soft soap and water, paying minute attention to subungual spaces. Rinse in pure water. Then scrub faithfully with 1:500 sublimate; then soak for two minutes in 1:500 sublimate. Now proceed to operation without drying the parts. In using a towel you will possibly contaminate your hands. After having prepared your hands for the operation, be careful not to feel the pulse, or to touch anything whatever except the instruments and the seat of operation. If by accident you should do so, immediately wash your hands again in sublimate solution. During operation, wash your hands occasionally, and dip them in 1:1000 sublimate, which should be placed near

* Holmboe, *Medical Record*, February 4, 1888, p. 124.

you in a large bowl, and which should be renewed by a nurse, whenever it is used. The assistants should use all the above precautions.

WOUND IRRIGATION.

Almost continuously, during the operation, a jet of sublimate solution from 1:2000 to 1:4000 strong should be made to play on the wound. A very convenient and portable irrigator is the fountain syringe (called the "Alpha") holding five quarts. The fluid is conducted from the wound by rubber-cloth arranged on an incline plane beneath the parts, so as to form a spout which leads into a tub. The floor is protected by oil-cloths. If anything more elaborate is desired, the two varieties of rubber pad manufactured by Goodyear (invented by J. Price several years since, and described by H. A. Kelly in the *American Journal of Obstetrics*, 1887), may be used in abdominal and vaginal operations. Before closing the wound, carefully irrigate all its recesses, and check all hemorrhage by torsion or by catgut ligatures. Close with catgut sutures.

DRAINAGE TUBES.

If rubber is used it should be red, or, if that cannot be obtained, black. It seems probable that perforated glass tubes will, as advocated by Gross, of Philadelphia, almost altogether displace rubber, tubes made from which are very liable to become obstructed. If necessary, use tube as thick as the finger. Where no great amount of discharge is expected, a hank, composed of from two to eight strands of catgut, may be used as a drain.

DRESSING THE WOUND.

Two layers of iodoform gauze, covered by four layers of sublimate gauze and then by masses about two inches thick of sublimate cotton, applied by a bandage, constitute an efficient dressing. The gauze should extend about six inches beyond the edges of the wound, and the cotton about one foot.

Finally, I feel that I cannot close in a better way than by quoting the words of an eloquent colleague (W. J. Penny) :

"If you happen to have an infectious case, let me impress upon you not to look upon it as an unavoidable accident, but recognize it as being due to some mistake in your chain of treatment, to be found out and guarded against. None of us are free from mistakes or accidents; the best surgeon is he who has the least number, who recognizes that he is not infallible, but strives to discover his mistakes, and from them learns lessons for his future guidance."

121 Winston street.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

THE FIRST COMMENCEMENT.

SOUTHERN CALIFORNIA'S MEDICAL COLLEGE.

THE first commencement of the Medical College of the University of Southern California has been the subject of thought and conversation of all connected with the College for the last three months. The examinations were very thorough and exacting, and nine applicants passed satisfactorily in all of the branches.

At the close of the examinations in surgery, Professor H. H. Maynard gave the graduating class an elegant dinner at his residence on Olive street.

On the evening of April 7th, Dr. and Mrs. Walter Lindley gave the annual dinner to all the students of the Medical College at their residence, 443 South Fort street. The dinner was followed by music by Mrs. Beeson and others.

The commencement exercises took place in the Fort street Methodist Episcopal church on the evening of April 11th. The Rev. E. R. Brainerd, pastor of the Park Congregational church, opening the exercises with an invocation; after which President M. M. Bovard, D. D., gave an interesting address on the relations of the study of medicine to the development of the mind. He spoke of Plato, Aristotle, Locke, Goldsmith, Oliver Wendell Holmes, and many others whose early training was in the study of medicine. It was his theory that the analytical nature of the study eminently fitted and qualified the strong intellect for higher fields.

The address was followed by the presentation by Professor Kurtz of a fine case of surgical instruments to Mr. H. Bert Ellis, B. A., as the successful competitor for the prize in surgery. Professor A. F. Darling presented prizes to Mr. H. Bert Ellis, Mr. W. W. Beckett, Mr. F. D. Bullard, and Miss Lula Talbott for proficiency in a diagnosis of the disease of the eye.

The Dean, Dr. J. P. Widney, then delivered the following address:

Three years ago the College of Medicine of the University of Southern California opened its doors to students. Tonight, after three years of work, it graduates its first class. It may not be amiss, after these three years, to sum up somewhat of the work which has been done. Then it was without house or home of its own. Now it controls the property which it occupies, and has definite plans for the future. The property stands almost in the heart of the city, upon Aliso street, having a frontage of over 100 feet, and extending through from street to street.

The buildings which were standing upon the property when purchased, are occupied in the college work, and, while old-fashioned, are yet comfortable and sufficiently commodious to suffice for the needs of a class double the size of the present one. In the still unsettled and shifting condition of business in the city, and which is incident to its rapid growth, it is deemed wiser to delay the erection of new buildings for a year

or two, as it is not yet certain that the present location will prove to be in the end the most suitable, and we are anxious to avoid the mistake of an unsuitable location, a mistake which might easily be made by building prematurely in a rapidly growing city. It is all the more important to avoid this mistake, as the plans of the College involve the erection of a College Hospital upon the same grounds, and the amount of money which must be used in carrying out these plans is too large to be wasted in a mistake of location.

In the educational work this summing up may be made: A competent and harmonious faculty has been organized. They have learned to work together, and together to plan for the future. Appliances have been accumulated at a cost of many hundreds of dollars. A class of earnest students has gathered within the College walls, and they are doing faithful and creditable work. The high standard of educational requirements adopted at the opening of the school has not only been maintained, but the faculty has now under consideration the question of raising it still higher.

Even now, with its present standard, the school stands as one of a small group of colleges which form the advanced guard of the higher medical education in the United States. The College of Medicine is doing its part to carry out our broad university plan of making Los Angeles the educational center of the southwestern quarter of the continent. It is that future to which we are looking forward, and for which we are planning. We feel that we are as yet only laying foundations, but we are trying to make them so broad, so liberal, so enduring, that our work shall live after us in the long years of that race-growth and race-domination, which we can now see dimly outlined for the region reaching from the western sea down along the highlands of that inland plateau whose further confine is in the valley of Mexico. In that growth we, as individuals, may be forgotten, but we shall live our narrower lives over again in the broader and richer life of the race.

To the graduating class, it becomes my duty, as Dean of the College, to say the parting words, for this night our relationship as teachers and students ceases. Yet, although your relationship as students may cease with this College, of which you are to prove worthy members of the profession, your work as students of medicine is only commenced. This is only the beginning, not the end. You must be students all the days of your lives. The student who, upon receiving his diploma, says to himself, "I have finished my education," is making possibly the greatest mistake of his life. Humanity does not stand still. They are like an army, ever moving forward, and the man who stops is like the soldier who drops out of the ranks. The army moves on and leaves him behind. To the earnest man there is no stopping, no rest this side the grave.

Will there be on the other side? Much as science has accomplished, more is beyond; and to-night you are only standing upon the threshold of the house in which humanity has been toiling. Before you lies the Universe. You have been students. We have been your teachers. Within a few years we shall, with tired hands, have laid down the work. You must take it up. You must in turn be the teachers. Will you teach to your students more than we have taught to you? If you do not you will be unworthy successors. Your opportunities will be greater than ours, for the army will have moved on. You should know more than we do. We cannot hope to have you say to your students, "Our teachers were wiser than we." All that we can hope to have you say in after years is this: "They were honest and diligent in their teaching. They gave us the best that their light afforded; but we are out in the broader day."

If only we can pass that lesson, so that when you come to stand in our places you will teach others also to be honest and diligent, our time will have been well spent, and our work shall live after us. You are about to go out to your life-work. Have you realized what it is to be? Other men go out from the college class-room to enter upon the stir and the bustle of the vigorous life of the world. They go as well men among the well. You go out to the byways of life; to a daily companionship with the crippled, the diseased, the suffering. As you go, some things I would that you should ever bear in mind: Learn to be patient. Poor broken humanity, in its weakness and its pain, will tax your patience often and again. But remember that it is poor and broken, and that you are to come to it in its impatience and suffering, like Him of old, as a healer. Be very patient and very gentle; remember the infinite patience, and the infinite gentleness of the "seventy times seven." Be sympathetic. Harshness has no place in the sick-room. Let your daily visit be to the sufferer as a daily benediction. Be of pure, clean lives. You are to enter into the homes and the lives of men as can no other. Not even the minister or the priest can so reach the inner lives of humanity. You are to bear its secrets, to know its frailties, often indeed to be its conscience. How shall you be a true healer of men, a healer of souls as well as bodies, if your own lives are full of uncleanness and sin.

Be strong! Strong to carry the burden of humanity in the hours of its extremity; strong to resist its pleadings in the hour when, with soul laid bare, it would persuade you to use your skill to hide sin. For two souls are at stake—the soul of the one who so pitifully pleads, and your own soul. And so, when the last sick call shall have been answered, and the last prescription written, and the tired fingers for the last time lay down the pen, shall you wrap the drapery of your couch about you as one who lies down to pleasant dreams; and so shall

you pass down to the valley of the shadow, fearing no evils. And shall you not dread to meet the face of the Master, who was also a healer of men.

After which, President Bovard conferred the degree of M. D. upon nine graduates—the youngest was Mr. Anthony C. Valla. Dr. Valla received the degree of B. S. at the College at Santa Clara in 1884, and thus had an excellent preliminary education before beginning the study of medicine. He leaves this month for Europe, where he will devote two years to study in the hospitals in Paris, Vienna and Berlin.

Dr. W. C. A. Thiele, another graduate, is a native of Germany, and a graduate of the Polytechnic of Dresden. He will immediately enter on the practice of medicine in Los Angeles.

Miss Lula Talbott, the only lady in the class, is a native of Iowa and a graduate of the high school there. She will leave early in May for Europe, where she will pursue her studies in the hospitals of Berlin.

Dr. Chas. P. Bagg was a graduate of the Los Angeles high school before he began his medical studies. He will immediately begin the practice of his profession in Los Angeles.

Dr. H. Bert Ellis was the valedictorian, and delivered a very interesting address during the evening. He was educated at Acadia College in Nova Scotia, where he received the degree of B. A. He has been three years at the Medical College of the University of Southern California, where he has carried off the honors of the class. He will immediately leave for a two years' course in the hospitals of Berlin and Vienna.

Dr. Edward R. Bradley is a native of Oakland, and a graduate of the Los Angeles high school. He leaves this month for a year's study in New York.

Dr. F. D. Bullard received the degree of A. M. at the Colby University of Otterville, Mass., in 1884, and leaves this month for a year's further study in Vienna.

Dr. W. W. Beckett had an excellent preliminary education, and was Assistant Superintendent of public schools in San Luis Obispo county. He attended lectures one year at the Cooper Medical College and two years at the Los Angeles Medical College. He expects to practice medicine in Los Angeles.

Dr. P. J. O'Neil is well known in Los Angeles as a self-

educated young man. He will spend a year in further study in New York before beginning practice.

This class is a source of great pride to the Faculty and all connected with the College. The very fact that they are going to pursue their studies further before beginning practice, indicates the enthusiasm they have in their professional work, and that they have been taught to feel earnestly the responsibilities of work in which they are about to engage.

The social event of the commencement exercises was the annual reception to the students of the Medical College given by the Dean, Dr. J. P. Widney and his wife, at their residence, 321 South Hill street, on the evening following the commencement exercises. There were many invited guests, including the leading lawyers, clergymen, journalists and business men of the city, present. Dr. and Mrs. Widney showed themselves happy in their duties as host and hostess, and made the evening enjoyable to all.

The house was handsomely adorned with a profusion of calla lillies, roses, heliotropes, and almost an endless variety of other beautiful flowers. A pleasant feature of the evening was an elaborate lunch that was served informally.

Thus closed the exercises pertaining to the graduation of the first class in this new Medical College, and the Faculty feel well paid, after their three years' hard work, in seeing a class start out so well equipped and so enthusiastic in the study of medicine. It is the aim of the Faculty for the future, as it has been for the past, to take more pride in thoroughness than in numbers.

The intermediate session for 1888 began May 2d, and will continue for eight weeks.

TREATMENT OF INTRACTABLE ROSACEOUS NOSE.—A country practitioner, who has long suffered from rosaceous nose, writes to the *British Medical Journal* to recommend scarification, at first twice a week, then once, and latterly once a fortnight. It has a marvelous effect, the heat, pain and unnatural shape at once subsiding, and the redness rapidly abating until, at the end of three months, a month since last scarification the nose is happily restored to its natural shape and color. It is not a painful process.

LOS ANGELES LEADS THE WORLD.

LULA TALBOTT, M. D.
H. BERT ELLIS, M. D.

ROSE TALBOTT, M. D.
F. D. BULLARD, M. D.

Your presence is requested at the
Marriage of

ROSE AND LULA TALBOTT,

Thursday morning, May 3d, 1888, 8:45 a. m., at the

Fort Street M. E. Church,

Los Angeles, Cal.

THE above invitation speaks for itself. In the account of the graduating exercises of the Los Angeles Medical College three of the participants are mentioned. Dr. Rose Talbott graduated at the Woman's Hospital Medical College, Chicago, in 1886, and has been practicing medicine in Los Angeles ever since. We believe this is the only instance on record of a quadruple medical marriage. The editors of the SOUTHERN CALIFORNIA PRACTITIONER extend their hearty congratulations, and prophecy a successful and happy future for these four estimable physicians.

A NEW FEATURE.

PRESIDENT PLUMMER showed his good sense in securing a large hall, adjacent to the room in which the State Society held its sessions, for the use of various pharmaceutical, surgical instrument and book-houses.

Just at the door on entering was the representative of PARKE, DAVIS & Co., with samples of their well known and popular preparations. We noticed he was taking a number of subscriptions for the *Therapeutic Gazette* and *Medical Age*.

Next came Mr. Blakeslee, whom every Pacific Coast physician knows, with a full line of REED & CARNRICK'S specialties. The Soluble Food is having a remarkable sale on this coast, due to Mr. Blakeslee's popularity as well as to the article's intrinsic merit.

REDINGTON & COMPANY had a beautiful exhibit in the center of the room. Their gelatine-coated pills made a very attractive appearance. They had also on exhibition their tasteless Cascara Sagrada and pure specimens of sulphate of zinc, and many other valuable preparations of their own manufacture.

At the end of the room JOHN WYETH & BROTHER had a large

and attractive exhibit of their compressed pills and triturates, also large quantities of Elixir of Iron and Gentian and other of their popular preparations. Mr. Roberts represented the interests of this Philadelphia house in a genial but unobtrusive manner. Wyeth's Liquid Malt was tested by almost every physician. It is an excellent preparation.

WM. S. DUNCOMBE & CO. had a fine exhibit of fever beds, surgical instruments and medical books. We were glad to see "California of the South" and the SOUTHERN CALIFORNIA PRACTITIONER on his tables. Mr. Duncombe had a very full exhibit of the publications of Wm. Wood & Co. Their new Atlas of Venereal Diseases by Dr. Morrow, attracted much attention and favorable comment. Duncombe's Atomizer is one of the most perfect appliances we have ever seen.

WM. R. WARNER & CO. had a very complete display of their preparations. Ingluvir held a prominent place on their shelves. Their parvules were highly commended by many physicians who had used them for years.

Dr. Clark had a large display of HORLICK'S Food and Malt and Malted Milk. His free temperance drinks were very popular.

Mr. A. E. Holden had charge of FAIRCHILD'S display. He had a series of bottles from the well known San Francisco drug-house of Wakelee & Co., giving a comparative test of the action of FAIRCHILD'S Pepsins, Jensens and Golden Seal. The action of Fairchild's was far better than either of the others. This test simply confirmed our opinion formed from clinical observation.

CALIFORNIA STATE MEDICAL.

THE California State Medical Society began its eighteenth annual session at the Bnai B'rith, 121 Eddy street, San Francisco, at ten o'clock Wednesday, April 18th. The President, Dr. R. H. Plummer, called the meeting to order, and the address of welcome was made by Dr. C. G. Kenyon, Chairman of the Committee on Arrangements.

Dr. R. H. Plummer then delivered the annual address, which was an outline history of the medical progress of the Pacific Coast. In the course of this address Dr. Plummer took occasion to speak of the growth of Southern California, and to

recommend that the next session of the State Medical Society be held in Los Angeles. At the close a vote of thanks was passed, and the paper was referred to the Committee on Publication.

Drs. C. E. Blake, W. W. Kerr, S. O. L. Potter, H. S. Orme and J. H. Parkinson were appointed a special committee on the President's address.

The afternoon session convened at two o'clock, and the Board of Censors, through their chairman, Dr. Jules A. Simon of San Francisco, recommended a long list of applicants for membership, who were duly elected.

Dr. A. L. Gihon, of the United States Navy, made a thrilling and patriotic address in behalf of the fund for the erection of a monument to Benjamin Rush, the founder of American medicine. This address created great enthusiasm, and on motion it was ordered published, and the Society assessed themselves in accordance with the request, one dollar each for the benefit of the monument fund.

The report of the Committee on Mental Diseases and Mental Jurisprudence was then read by Dr. W. W. McFarlane, the Medical Superintendent of the new hospital for the chronic insane at Agnew. Dr. McFarlane favored the keeping of the harmless insane in county hospitals, instead of sending them a long distance to State institutions. He spoke particularly of the great amount of insanity due to the abuse of alcoholic liquors. He said sixty per cent of the inmates of our asylums were of foreign birth. That there were in the State asylums an average of one hundred and fifty insane Chinamen, who cost this State twenty-two thousand dollars per year, and he thought these Mongolians should be returned to their native land and cared for by their own countrymen. He spoke of the great necessity of a Sunday law, and said that the constant state of excitement in which the people of California lived, without the taking of one day of the week for rest was very conducive to insanity. He said that the number of physicians in the insane asylums of California are not in proportion to the number of patients—that at Stockton there are sixteen hundred patients and three doctors, which would not allow a minute a day for the medical supervision of each patient.

Dr. J. W. Robertson, one of the physicians at the Napa asylum, opened the discussion. He said that he did not think

that any great number of physicians was required—that the less medical and mechanical restraint the patients had the better. By medical restraint he meant the use of opium and hydrate of chloral, and that class of drugs. He said there was not a straight jacket in the Napa asylum, although there were nearly fifteen hundred patients. He believes that the chronic and acute cases should be kept in the same institution—that he thought it was a bad thing to congregate a great number of acute cases together. He was opposed to keeping the harmless chronics at the county hospitals, because it opened such a great opportunity for abuse and maltreatment. He believed that there should be one insane asylum in every Congressional district. Of the fourteen hundred and sixty patients at Napa, there were seven hundred who needed almost no medical treatment. In the Eastern asylums there is usually about two physicians to about three hundred patients.

Dr. Mays, of the Stockton asylum, followed Dr. Robertson, and said that he wanted to insist especially on the general propagation of the fact, that insanity is fully as uncommon in California as in other States; that it has a population of one million two hundred and fifty thousand people, in which there are thirty-one hundred insane, which would be at the ratio of one insane to every four hundred and four inhabitants, while the per centage in New York is one to every three hundred and fifty; in Massachusetts, one to every three hundred and sixty; in England, one to every three hundred and forty-eight, and in Illinois, one to every three hundred and forty-five. He says in California there is a great intolerance of any form of mental disease being at large. That in the East and Europe almost every town has its village fool, who is harmless and amusing; but in California, as quick as a man shows the least sign of mental aberration, his neighbors all raise up as one man and insist on sending him to the State asylum. He agreed with Dr. McFarlane in saying that more physicians were needed in State asylums.

Dr. H. D. Robertson of Yreka, then spoke on the subject, and said that patients were too frequently sent out from the asylums before they were cured; and that very recently he had been one of a commission to send a patient to one of the State asylums, who was soon allowed to return, and that he immediately showed great signs of insanity again, and one or

two persons came near losing their lives from this premature return of the insane man to his home.

Dr. Charles E. Blake of San Francisco, Chairman of the Committee on Medical Legislation, reported a bill which the committee had prepared to take the place of the present law of this State. On motion the bill was indorsed by the Society.

EVENING SESSION.

Committee on Surgery.—The report of the Committee on Surgery was read by W. E. Taylor, of San Francisco. He had selected the subject of Operative Procedure of the Treatment of Internal Cancer. He assumed the existence of the disease called cancer in its usual acceptance, and he confined himself solely to the carcinomata, and their treatment by cutting-instruments. He questioned whether modern operative surgery had not passed the bounds of prudence. He did not think that an operation should be performed unless with some hope of cure. By this he implied a permanent recovery without further extension, and he did not accept the three-year limit or no recurrence within that period. He wished to sound a note of warning—that we should pause and well consider before performing operations of this class. He believed that operations for internal cancer would, in the future, be less frequently done than now. The difficulty of an early, and even a correct diagnosis of internal cancer was extreme. He cited Butlin in support of this position, that authority condemning too frequent interference. He characterized the results of some of these operations as ghastly—in one series a total of 364 operations and 126 recoveries. The necessity of diagnosis was dwelt on, and instances of “cancer” cured by appropriate treatment mentioned in this connection. The splendid results achieved in abdominal surgery encouraged these operations, but there was no comparison between operations for benign and malignant tumors. Complete removal in the one case was cure, in the other only a hope of ultimate recovery could be held out. In non-malignant disease, where life is threatened or great suffering is undergone, the surgeon is justified in operating. In malignant disease, it was unwise and unsurgical to use these facts as arguments in favor of operation. No matter what advances in operative *technique* had been made, the clinical fact remained that a cure was impossible until a specific remedy was found.

Dr. T. W. Huntington, of Sacramento, in opening the discussion, said that he regretted that the subject could not have been reviewed from a different standpoint from that adopted by the author. He was glad that a halt had been called to indiscriminate operations upon neoplasms, regardless of their end. It was true that some brilliant results had been obtained, and it had been claimed in consequence that the operations in all instances were justifiable. It had been said that the law-givers of art were not always artists, and he was forced to admit that the law-givers of surgery had not always proved to be surgeons. He believed that the ambitious operator, seeking the greatest good of the greatest number, had field enough and opportunity sufficient in which to achieve honor and the greatest amount of service to the human race. He wished to thank the author for the work he had done. He believed it would be of great service to the Society and to the profession.

Dr. E. B. Robertson, of Jackson, had operated in several cases of malignant disease. In each case the growth had been successfully removed, but after a variable period of time had returned. He therefore believed that where we are fortunate in one case, and the patient recovers and continues to do well, that it is simply an error of diagnosis. We may put off the evil day, but there is no such thing as cure.

Dr. L. C. Lane, of San Francisco, disagreed with Professor Taylor in the view which he had taken of the incurability of cancer. He was entirely satisfied that cancer was curable, and he was satisfied that he had cured it a number of times by operation. Since November, 1876, he had operated eighty-eight times. A number of the cases had been kept under observation. Many of them had died, but he could safely calculate that one-fifth were living. The great trouble was, that the cases were not seen sufficiently early. From observation and study he was convinced that in a very large number of cases the trouble is at first purely local, and therefore curable by removal. There was a great prejudice against operation, from the dissemination of the notion that the knife will not cure the disease, and it frequently happens that cases are not seen until too late. It was easy to talk and to give one's personal experience. He would, however, select one case, to show there could be no doubt as to the nature of the disease. In what might be termed a "cancer family"—the father and

mother died of cancer ; they were not operated on—a daughter had an unmistakable cancer of the mammary gland. An operation was performed on her nine years ago. She is, and has remained well ever since. A granddaughter also had the disease. Her breast was removed five years ago. There has been no recurrence. In these cases the operation had been performed early. A patient, who had been operated on twenty-five years ago for mammary cancer, and in whom the other breast was subsequently removed, is still living. With these facts before him he was compelled to disagree with Dr. Taylor. Billroth states that he has cured one-third of his cases, and Germans are very careful indeed of their diagnoses. A microscopic examination is invariably made. Personally, he had always followed this rule.

Dr. Huntington inquired if the speaker's experience warranted operations on deep structures, as in cancer of the uterus?

Dr. Lane—I believe that I was the first to perform that operation in the United States. Nearly all the cases were seen too late. They had been cauterized, and portions of the neck had been removed in every case except two. I believe the operation is justifiable if we could get the case in time ; but I should carefully select my case and would be guided by previous experience.

Dr. W. F. McNutt, of San Francisco, said the statistics of removal of the uterus for malignant disease are much better in Europe than in this country. Martin has had marvelous results—his cures being about forty per cent. The secret of this is early diagnosis, for which the microscope is relied on. He did not think that an American surgeon could be found who would operate on this evidence alone. Enlargement, hemorrhage, pain and all the physical symptoms were deemed necessary. Then when an operation is performed the patient dies. The speaker had operated on a patient for cancer of the lip thirteen years ago, and he is now perfectly well. Four years ago he had removed a breast. The disease was well advanced. All the glands were removed. The patient is now perfectly well. He thought that more attention should be given to early diagnosis, and by that means we could expect to relieve more of our patients, and fully justify the operation.

Dr. J. D. Arnold, of San Francisco, said that where the in-

dividual experience of surgeons would put them either on the radical or conservative side of the question, he believed that the true pathology of the disease should be made the touch-stone for operation. If the surgeon believed the disease to be systemic, operation was only justifiable for the relief of pain and prolongation of life. If, however, he believed that cancer was a purely local disease, and could become systemic through actual extension, his decision would depend on whether or not he could completely remove the diseased structures.

Dr. Charlotte B. Brown, of San Francisco, thought that the refusal to operate often exercised a disastrous effect upon patients, by confessing the hopelessness of these cases. She would operate even in the face of a large mortality, and she thought that other surgeons shared this feeling.

Dr. C. Cushing, of San Francisco, said that his personal experience was limited to malignant diseases affecting the uterus. He agreed with Dr. Arnold as to the main principle which should underlie operative procedure. In cancer of the uterus there were only two conditions which warranted active interference. One is that the disease shall be limited to the uterus not affecting the surrounding tissues. The other is where the disease has extended sufficiently to produce an amount of hemorrhage and discharge, which seriously impairs the comfort and immediate health of the patient. Cases in which the surrounding tissues are involved, but without serious discharge, are not proper cases for operation. When the uterus was fixed it was unwarrantable to remove it. In the first place, it involved the danger of immediate death. In the next, there was no such thing as a cure. The only possible justification for surgical interference is to gratify the woman in making her think that something is being done, and thus keeping her out of the hands of the quacks. He believed that these two propositions were sound. A portion of the growth should be subjected to microscopic examination. If this proved that it was cancerous, an operation was justified under the limitations that he had laid down. Outside of these, he believed that interference was not warranted.

Dr. J. Rosenstirn, of San Francisco, believed that the position as to the advisability of removing internal cancer, in strict opposition to the removal of external cancers, was an erroneous one. Why should we believe that cancer of the uterus

would be more liable to affect the organism than diseases of the mammary gland? The real secret of success was early operation, and we should endeavor, where we can make a positive diagnosis, to have our patients submit to operation. Extirpation of the larynx had been mentioned, and it was true that in the statistics quoted by Dr. Taylor there was an alarming mortality; but if we look to the statistics of one operator, Eugene Hahn, we find that he has only two deaths following fifteen operations. Of these, two are now well—one seven and the other three years after operation. Without advocating operation, he thought that we ought to endeavor to improve our methods. We could not cure cancer, but we were certainly able, in many instances, to relieve intolerable suffering, and to prolong life, with freedom from pain, for many months.

Dr. Taylor, in replying, said that he did not wish to be regarded as considering these operations as unjustifiable. His object had been to call attention to indiscriminate operations for internal cancer, simply because consent was given, and because the patient may survive the operation. Operations on properly selected cases were justifiable. Notwithstanding what had been said he felt that true cancer involving an internal organ, was not curable by operation. He did not consider that operations for external cancer were unjustifiable. They were justifiable in many cases, with a view to both physical and mental relief. He questioned whether a microscopical examination was always correct, and doubted the competency of many in the use of this instrument. Investigators often found what they expected to find. The object of his paper was to call attention to indiscriminate operations; to ask for a reconsideration of the subject and greater care in the selection of cases.

This discussion was followed by a report of the Histology and Microscopy by Dr. Julius Rosenstirn, of San Francisco. This was one of the most interesting papers of the whole session. In the Doctor's paper there was much real wit intermingled with his very scientific statements. It was illustrated by stereoptican views. Professor Edward W. Runyan, of the College of Pharmacy, assisted Dr. Rosenstirn in presenting the illustrations.

Dr. Ferrer, of San Francisco, opened the discussion. Drs.

J. H. Stallard and Albert Abrams made a supplemental report on some forms of *endo arteritis*, with microscopical exhibition.

SECOND DAY—MORNING SESSION.

The principal paper of this session was by Dr. Washington Ayer, of San Francisco, on public hygiene and State medicine. Dr. Ayer is quite an elderly gentleman, having graduated at Harvard Medical College in 1847, and although evidently in very poor health, yet he read his paper in clear, almost musical tones, and was several times interrupted by applause. The paper contained many good points, but we would particularly commend the portion of it referring to the present system of expert testimony in our courts. He recommended a new plan by which the judges would select the experts, so that the physician called to testify would not be called in behalf of either the prosecution or the defense, but simply called by the court for the enlightenment of the jury. On motion, the Society especially indorsed that portion of his paper referring to expert testimony, and referred it to the Committee on Medical Legislation, with the request that they make every effort to have it incorporated in the laws of the State.

The afternoon session of the second day, Dr. William M. Lawlor, of San Francisco, made a report on Organization of County and District Societies, which showed that there was more than usual activity during the year throughout the State.

Dr. Ira E. Oatman, of Sacramento, who, like Dr. Ayer, is quite advanced in years, having graduated at the Rush Medical College in 1845, then read a paper on Diseases of Women. This paper was devoted principally to the subject of puerperal eclampsia. The Dr. specially favored the use of *veratrum viridi* in this condition, and cited numerous cases substantiating and proving his claims. He thinks that his use of this drug in this manner ante-dates the use of it, or at least the publication of the use of it, by any person else. Dr. Oatman's paper was very interesting and instructing.

Dr. H. M. Sherman, of San Francisco, then read a paper on Diseases of Children, which was favorably received.

On motion of Dr. James Simpson, of the State Board of Health, the President and Secretary were instructed to telegraph the California members of Congress indorsing Senator Stanford's bill to appropriate one hundred thousand dollars for a government quarantine station in San Francisco harbor.

Dr. John Fife, of Red Bluff, read a paper on the curative power of the air of the mountains of Butte county. The paper was referred to the Publication Committee.

Dr. W. A. Briggs tendered his resignation as permanent Secretary of the Society. Dr. Briggs graduated in the medical department of the University of Michigan in 1871, and has for several years occupied the position of permanent Secretary, but his very extensive practice causes him to relinquish the exacting duties of this office. On motion, his resignation was accepted with regrets.

The time for the election of officers having arrived, nominations for President were declared in order. It had been whispered throughout the convention that there were to be two candidates—one, Dr. Aurelius H. Agard, of Oakland, who graduated at the Jefferson Medical College in 1849, and the other, Dr. James Simpson, of San Francisco, who graduated in the Medical Department of the University of New York in 1855; but just before the time for nominations, Dr. Agard positively withdrew his name, and, on motion, Dr. James Simpson was unanimously elected President of the Society. Dr. Walter Lindley, of Los Angeles, was elected Vice-President; Dr. W. J. G. Dawson, of St Helena, who graduated in the Medical Department of the University of the City of New York in 1867, was elected second Vice-President; Dr. W. A. Briggs, of Sacramento, third Vice-President; Dr. J. S. Baker, of Angel's Camp, who graduated in the School of Medicine of the University of Maryland in 1881, fourth Vice-President. Dr. William Watt Kerr, of San Francisco, who graduated at the University of Edinburgh, Scotland, in 1881, was elected permanent Secretary. Dr. L. M. F. Wanzer, a bright and charming lady, who graduated at the Medical Department of the University of California in 1876, and Dr. H. M. Sherman, both of San Francisco, were elected assistant Secretaries; Dr. Sherman graduated at the College of Physicians and Surgeons of New York in 1880. Dr. G. C. Simons, of Sacramento, who graduated at the Harvard Medical College in 1885, was re-elected Treasurer. Drs. J. G. Fitsgibbons, S. F. Long and F. W. Dodge, of San Francisco; Dr. C. C. Valle, of San Diego, and Dr. E. W. King, of Ukiah, were elected Board of Censors. Drs. R. H. Plummer, C. E. Blake, C. E. Farnham, C. H. Steele, W. S. Whitwell, Jules Simon, of San Francisco, and A. H.

Pratt, of Oakland, were elected Board of Examiners. Drs. Geo. W. Davis, Winslow Anderson and John Williamson were elected alternates.

The next order of business was the selection of a place for the holding of the meeting of the Society in 1889. Dr. C. C. Valle, of San Diego, nominated that city as the place of meeting. Dr. J. P. Widney, of Los Angeles, seconded Dr. Valle's nomination with some very forcible remarks. San Francisco was then placed in nomination, and Oakland was also placed in nomination by Dr. Platt. Several very spicy and enthusiastic speeches were made advocating the claims of the various points nominated, but before the vote was taken the nomination of Oakland was withdrawn. Several San Francisco gentlemen earnestly advocated the claims of San Diego. The ballot stood: San Francisco, forty; San Diego, thirty-five.

At the second evening session, Dr. J. C. Pardee, Chairman of the Committee on Ophthalmology, Otology, Laryngology and Rhinology, began the reading of his paper by making an apology; but the paper was very good notwithstanding, and created great discussion amongst the specialists. It was followed by a supplemental report by Dr. Henry Ferrer, who reported forty-two cases of opening of the mastoid cells for the evacuation of pus. He had several cases present that were under treatment to show to the Society.

Friday was the third and last day of the session. The first paper read was by Dr. Walter Lindley, Chairman of the Committee on Obstetrics. (See page 161 of the *SOUTHERN CALIFORNIA PRACTITIONER*.) The paper was referred to the Publication Committee.

Dr. W. A. Briggs, of Sacramento, opened the discussion with some very interesting remarks, concluding with the words: "Let us have asepsis via anti-sepsis."

Dr. J. P. Widney, of Los Angeles, Chairman of the Committee on Medical Education, read a very comprehensive essay on this subject, in which he recommended that the medical colleges in the different States be required to give a three years' course, and that the graduates of these colleges be given the degree of Bachelor of Medicine; and that in connection with the State University there be established a post-graduate course, which every Bachelor of Medicine should be required

to attend for one year, after which, if he passes satisfactory examination, he should receive a degree of Doctor of Medicine. Dr. Widney said that, under these conditions, he would be willing to admit to this post-graduate course, and in the faculty of the post-graduate course all qualified physicians, regardless of what school or pathy they might belong. The paper created almost universally favorable comments and attracted great attention; and at the close of the morning session Dr. Widney was surrounded by prominent members of the Society for several minutes who were anxious to congratulate him on his excellent paper.

At the afternoon session Dr. A. M. Gardner, of Calistoga, read a paper on Electrolysis in the treatment of certain organic troubles.

Dr. W. P. Gibbons, of Alameda, then read a report of the Committee on Indigenous Botany. Dr. Gibbons graduated in the Medical Department of the University of the City of New York in 1847, and is brother of the late Dr. Henry Gibbons. He has been for many years carefully at work on this subject of indigenous medical plants. Dr. M. M. Chipman read a supplementary report on this subject, and referred in very complimentary terms to Dr. W. P. Gibbons' valuable labors in this field.

Dr. Albert H. Pratt, Chairman of the Committee on Nereology, said that he had his report prepared, but requested that it be referred to the Committee on Publication without reading. Dr. Geo. W. Graves, of Petaluma, said that he could not allow this subject to be passed without some public reference to the death of Dr. A. B. Stuart, of Santa Rosa, who for years previous to his death had been one of the most prominent and faithful members of the Society. Dr. Graves then went on and spoke in touching and affecting terms of the many virtues of Dr. Stuart. Dr. Graves is the gentleman who was so vilely persecuted by a malpractice suit, that directed the attention of the medical profession throughout the United States, and his victory over the mercenary charlatans who tried to injure him has been a source of satisfaction and pleasure to every respectable physician in the State of California. Dr. Graves graduated at the Medical College of Virginia in 1858, and is one of the most faithful, honorable and active members of our State Society.

Dr. Samuel O. L. Potter then read a very elaborate paper on Practical Medicine and Medical Literature, the chief point of which was his assertion that the microbean theory of disease was by no means substantiated. The discussion was opened by Dr. W. F. McNutt, of San Francisco.

Dr. George W. Westlake, of Red Bluff, then read a supplementary report, entitled, "Two Views on the Practice of Medicine."

Dr. Clinton Cushing, of San Francisco, Chairman of the Committee on Gynecology, then read a paper referring especially to abdominal surgery. Dr. Cushing is one of the most noted operators on the Pacific coast, and his paper was what would be expected from such an eminent source.

At the evening session Dr. R. H. Plummer, the retiring President, with some very practical, eulogistic and elegant remarks, introduced Dr. James Simpson, the President elect.

Dr. Simpson, in the remarks that he made on accepting the chair, proved himself to be not a whit behind his predecessor in speech-making, and the Society was for some time convulsed with laughter at the sallies of wit and humor that were intermingled with the complimentary remarks that passed between the outgoing and incoming magnates.

Thus closed the eighteenth annual session of the State Medical Society. There were between two and three hundred in attendance, and the meeting had been in every way an harmonious success. Going to the Society, as we did, a stranger, we wish to especially acknowledge a few of the courtesies that were extended to us. One of the first to hunt us out and extend the right hand of fellowship was Dr. J. H. Parkinson, the able editor of the *Sacramento Medical Times*. While there was no general banquet, yet there were numerous dinners given by the various San Francisco physicians, to which a few of their country cousins were always invited. Dr. Jules Rosenstirn and Clinton Cushing were two of the most active in showing these pleasant courtesies, while President Plummer was constantly giving out invitations to dinner and lunch, and extending innumerable courtesies to those who had come from a distance to this meeting.

The ensuing year will be one of active and energetic work by the new President, Dr. Simpson, and his corps of committee men, and we advise all physicians in Southern California,

who have not joined their county societies to do so as soon as possible, in order to be admitted to the next session of the State Medical Society of California.

We desire to thank the editor of the *Sacramento Medical Times* for advance sheets of his stenographer's report of the proceedings.

NEW MEMBERS.

At the different sessions the following were duly elected members of the Society:

Adams, George	Haynes, F. L.	Otto, G. W.
Alford, F. A.	Hogshead, A.	Paterson, E. M.
Anderson, A.	Holland, L. T.	Pearson, J. E.
Bailey, J. G.	Johnson, Chas. M.	Pond, R. B.
Barber, D. C.	Jones, Caleb V.	Posey, A. C.
Bicknell, F. D.	Knox, S. P. P.	Reading, J. W.
Booth, Jas. P.	Kurtz, Joseph	Rogers, A. C.
Borde, H. J.	Larkin, John	Senftleben, Hugo
Boyce, J. F.	Lasher, George W.	Siefkes, John L.
Brainerd, H. G.	Leonard, J. T.	Smith, E. R.
Brummet, S. B.	Mack, W. E.	Snider, J. R.
Carpenter, Lewis	McMonagle, Beverley	Shearer, M. M.
Cook, Wm. Harris	Maynard, H. H.	Stockton, Thos. C.
Crepin, E. A.	McDougall, W. D.	Szigethy, C. A. H. de
Darling, A. F.	Melton, Lewis	Taylor, Albert M.
Davis, T. A.	Merritt, Emma S.	Todd, J. C. R.
Dodge, Wm.	Merritt, Geo. W.	Thomas, George P.
DuBois, H. A.	Miller, J. H.	Trembley, F. X.
Foote, Gilbert	Murphy, W. W.	Valle, Charles C.
Forrest, John M.	North, Thos.	Wharry, Charles J.
Hart, A. J.	Northup, D. B.	

EDITORIAL NOTES.

WHILE in San Francisco we stopped with our family at the Occidental, corner of Montgomery and Bush streets, and found the rooms, the table and attention all very satisfactory. As we were leaving the manager said: "I have sent a light lunch for you over to the train, with the compliments of the Occidental." When a hundred miles out of San Francisco we opened the basket, and found "the light lunch" to consist of two broiled chickens, small jar of butter, a loaf of bread, four boiled eggs, one can of curried oysters, two bottles of Zinfandel, one jar of olives, a half-dozen slices of ham, and a number of *et ceteras*. The man who put up the lunch had evidently seen us eat.

WE took occasion, while in San Francisco, to visit the imposing History Building occupied by the Bancroft Book Com-

pany. It is a bad place for a lover of books to visit when his bank account is low. How comparatively limited the number of books one man can digest! If a man devotes his life to microscopy he can only become a master in a special field. Time, money and mind all combine to make a man realize his finity. Mr. Sessions kindly chaperoned us to Mr. Hubert Howe Bancroft's private historical library, out in the very edge of the city. The object in having this library so far from the center of the city is to avoid all danger of fire. This wonderful library contains about 50,000 volumes, and cost the great historian \$500,000. It contains a large number of rare and valuable works published in the 16th century, that were secured by Mr. Bancroft in Spain and Portugal, all pertaining to the early settlement of America.

WE call the attention of our readers to the advertisement of Messrs. R. A. Robinson & Co., Louisville, Ky., which will be found on another page of this issue. This firm was established forty-five years ago, and enjoys a widespread reputation as a sound, honest, reliable business house. Their preparations are reliable and are extensively prescribed by Southern California physicians.

BOOK REVIEWS.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By JOHN V. SHOEMAKER, A. M., M. D., Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia; Physician to the Philadelphia Hospital for Diseases of the Skin; Member of the American Medical Association, etc. With colored plates and other illustrations. 633 pages. New York: D. Appleton & Co. 1888.

Dr. Shoemaker has given us a straightforward, practical account of diseases of the skin, in every way worthy of his reputation. In accordance with his well-known fondness for original investigation, the pages in therapeutics are replete with an immense variety of information about new remedies. Indeed the only difficulty consists in an *embarras des richesses*: the table is so generously spread, that it is almost possible for us to starve while deciding what to eat.

In accordance with our usual custom, we will epitomize the author's treatment for a few of the more common skin affections:

In comedo, constitutional treatment is insisted upon, as it is throughout the work. The plugs may be removed by nicking

the side of the follicle and gently pressing or stroking out, with a needle-knife. Squeezing with the fingers, or the use of the watch-key, does harm, by exciting inflammation. Soap and water, medicated soaps, or soap combined with alcohol should be used twice a day. S. is very fond of the following:

R. Thymol	½ scruple.
Acidi Borici,	2 drachms.
Tinct. Hamamelis Virg,	1 ounce.
Aqua Rosæ,	4 ounces.

Mix. Sig: Mop well over the surface once or twice daily.

Freckles are treated by copper oleate (grs. v-lx to the ounce of lard, lanolin, or rose-water ointment), or salicylic acid (gr. five: one oz.), or corrosive sublimate (grs. two to five: one oz.) or by touching each spot with pure carbolic, or applying this paste once a day:

R. Oxide Zinc,	2 drachms.
Oxychlorate of Bismuth,	½ drachm.
Sublimate,	3 grains.
Dextrine and Distilled Water, of each	2 drachms.
Glycerine,	3 "

In chloasma and tinea versicolor also copper oleate ointment is preferred to all other applications.

Hard corns should be brushed twice daily, for several days, with the following solution, and then macerated with warm water, when they may be readily removed:

R. Acidi Salicylici,	½ drachm.
Ext Cannabis Ind,	½ scruple.
Collodion,	½ ounce.

Soft corns may be entirely relieved by cutting away the thickened skin with scissors and applying salicylic acid in powder, the toes being constantly separated by a piece of cotton.

Minute directions are given for dyeing the hair (p. 400). As nothing is said about the deleterious effects of dyes, such as acetate of lead, we presume our writer has found them to be harmless.

The contagiousness of leprosy has lately received a great deal of attention. S. is very emphatic in his opinion that the leper should not only be separated from the well, but also from his fellow-sufferers—should be absolutely isolated.

Frost-bite, a disease which to us is happily only of scientific interest, S. would treat by the application of hot water. He quotes experiments in support of this position by which it appears that "of twenty animals treated by the method of gradual resuscitation in a cold room, fourteen perished; of twenty, placed at once in a warm apartment, eight died; while of twenty immediately put into a hot bath all recovered."—(Laptechinski.)

To make a rapid change of subject, in another chapter we are warned against the use of that time-honored instrument, the fine tooth comb. Thus, one by one are all the illusions of our youth destroyed.

The publishers have made the mechanical execution of this interesting volume all that could be desired.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. III.

LOS ANGELES, CAL., JUNE, 1888.

NO. 6.

ORIGINAL.

CALIFORNIA MEDICAL SOCIETIES AND COLLEGES: AN HISTORICAL SKETCH.*

BY R. H. PLUMMER, M. D., PRESIDENT.

Fellow Members: Accepting the honor which you conferred upon me by calling me to preside over the interests of your Society, carried with it duties and obligations upon my part which have occasioned me some labor and much anxiety. The multitudinous duties which have devolved upon me during the year have so occupied my time that, unlike the skillful mariner, I have scarcely been able to take observations and make my reckonings. It is therefore with more embarrassment that I attempt this morning to render an account of my stewardship.

It has been said that "to the army belongs courage, to the pulpit eloquence, and to the bar rhetoric; but the Genius of Medicine sits pensive and alone, her fingers on her lips"; therefore I may reasonably expect that you will throw the mantle of charity over my deficiency in the art of oratory, or my want of training to the Forum. I realize, too, that I stand in the midst of friends, some of whom have been my companions in toil for eighteen years. We have been moved by the same impulses, agitated by the same fears, and elated over the same successes. With all these happy memories clustering thickly around us, and with the knowledge of the fact that conferring this honor, and imposing the duties appertaining thereto, were the impulses of your own generous hearts, I feel doubly assured that I may reasonably expect your indulgence in whatever measure my efforts may fall short of your anticipations.

The "healing art" is as old as the human family, and its

* Address delivered at the Opening of the Eighteenth Annual Meeting of the Medical Society of the State of California.

ethics are older than the Church. In the Old Testament we find Job speaking of his counselors as "physicians of no value," and Jeremiah exclaiming, "Is there no balm in Gilead? Is there no physician there?" As new truths accumulated, fraternal organizations ensued, and the *esprit de corps* which followed is amply attested by the history of the Druids of ancient Gaul, the Asclepiadæ of Greece, the numerous organizations of the Middle Ages, and the countless associations and colleges of our own generation devoted to the "healing art."

In the present time, when locomotive engineers and railroad brakemen have their "brotherhoods," and the "bakers and candlestick makers" have their "unions," it is little wonder that the members of the medical profession, drawn together by its many hallowed ties, should unite in fraternal organizations.

The progress of medicine in our own State is a subject of vital importance to us, and it will form a chapter in the history of our commonwealth which will claim the attention of those who come after us. In the year 1856—now thirty-two years ago—the late Thomas M. Logan, then secretary of the Sacramento Medical Society, and Elias S. Cooper, founder of the first medical college on the Pacific Coast, after conferring with a few congenial spirits, issued a call for a medical convention in Sacramento, for the purpose of organizing a State Medical Society.

A goodly number of physicians responded to that call, and duly organized such a Society, adopting a constitution, by-laws, and order of business. But the profession then was a very incongruous body, with representatives from nearly every nation on the face of the earth, possessing their national traits, and prejudices born of localities and surroundings. As the satisfactory working of a piece of complicated machinery requires a proper adjustment of the several parts, so the successful working together of a large body of men requires special training. The labors appertaining to this organization developed the moral obliquities and mental angularities of the individual members; and after passing through a few sessions of polemics and dissensions it died of inanition in 1861.

During its existence the following gentlemen were honored with the Presidency: B. F. Keene, El Dorado; Henry Gibbons, San Francisco; Arthur B. Stout, San Francisco; R. B.

Ellis, San Francisco; Isaac Rowell, San Francisco, and Samuel F. Hamm, El Dorado. Of these gentlemen I believe Arthur B. Stout, one of our honorary members, is the only one now living.

While this organization did not accomplish all its projectors hoped, it was productive of much good. There were many valuable papers contributed, and the foundation was laid for the present superstructure. In the year of its origin the late John F. Morse established the *California State Medical Journal* in Sacramento. It was a quarterly, and the fourth number contained its valedictory.

In 1858 the *The Pacific Medical and Surgical Journal* was established in this city by the late Henry Gibbons, Sr., who continued to edit its columns until shortly before his death in 1884, when he transferred it to its present manager. It still survives its founder, a creditable monument to his ability, his industry, and his love of his profession.

In 1860 *The San Francisco Medical Press* was established by the late Elias S. Cooper, and merged into the former journal in 1865. *The Western Lancet* was established in 1872, and, like the *Press*, lost its identity in its older competitor in 1884. During the year 1886 there were three journals established: one at Los Angeles, *The Southern California Practitioner*, a sparkling monthly, reflecting great credit upon its editors; one in this city, *The Pacific Record*, a monthly with a large list of subscribers; and one in Sacramento, *The Medical Times*, which is a very popular journal with a rapidly increasing subscription list, and a corps of able, earnest editors.

During the year 1858, through the professional enthusiasm of the lamented Cooper, the Medical College of the Pacific was established in this city. It did creditable work in the field of science, and sent out many graduates who have attained honorable positions in the profession. But it suspended temporarily in 1864, soon after the death of its founder. Later in the same year another school was organized in this city, which, in honor to its founder, was called the Toland Medical College. It was conducted as a private institution until 1875, when the property was deeded to the State, and now stands a monument to his generosity, the Medical Department of the University. In 1870 the Pacific Medical College again opened its doors for the admission of students; and in 1882, through the munifi-

cence of one upon whom you have been pleased to bestow the highest honor within the gift of this Society, it was placed upon an everlasting foundation, whence the light from its towering walls on the hills of the West, like the rays from the wonderful antique lamp of the student Hieronymus, "through the mist and murk and dropping rain, streams out into the darkness, and is seen by many wakeful eyes."

In 1870 the State Legislature passed a bill creating a State Board of Health, and conferred upon it such powers as were then deemed necessary to conserve the public health.

During the same year that Board, through its efficient secretary, Thomas M. Logan, issued a call for another convention, to meet in the hall of the Young Men's Christian Association, in this city, on the 19th day of October, for the purpose of re-organizing the State Medical Society. This call resulted in the assembling together of 46 physicians, 28 of whom were residents of this city. They re-organized, elected Dr. Logan president, and adopted the constitution, by-laws, and order of business of the old Society. During the meeting of two days, which was characterized by industry and a general harmony of feeling, 36 members were added by application and election, making 82 at the close of the session. Of these pioneer members, 24 have "joined the great majority."

In May, 1871, the American Medical Association held its annual meeting in this city. The busy practitioners of the East left their homes and their business for a period of three or four weeks, and braved the dangers and discomforts incident to a trip across the continent, partly for the purpose of verifying the wondrous tales told of our sunny clime; and partly, that they might meet the profession of the Pacific Coast, who had braved the dangers of the *deep* and the toils of the *plains*, and with them worship at the common altar. This Society held a special meeting in Pacific Hall on the 1st day of May, at which time 72 applicants were elected to membership, making 154 in all, or nearly one-half the practicing physicians in the State. A professional interest was re-kindled which has never ceased to burn, though its fires have sometimes paled. From the remotest parts of the State members have come to our annual meetings, braving the *mal de mer*, or enduring the discomforts incident to a stage ride over snow-clad mountains, across swollen streams, and through miry vales.

Thomas M. Logan and Henry Gibbons, Sr., the first two Presidents, ripe in years and full of honors, have gone to that "bourn" whence "no traveler returns."

"The forms they hewed from living stone
Survive the waste of years alone,
And, scattered with their ashes, show
What greatness perished long ago."

The other distinguished members who have served this Society in the capacity of presiding officer, we herewith enumerate chronologically: Geo. A. Shurtleff, Stockton; Thomas H. Pinkerton, Oakland; John M. Brown (U. S. N.), Vallejo; Alexander B. Nixon, Sacramento; W. Fitch Cheney, Chico; Washington Ayer, San Francisco; Henry S. Orme, Los Angeles; A. W. Saxe, Santa Clara; F. Walton Todd, Stockton; Gerrard G. Tyrrell, Sacramento; Levi C. Lane, San Francisco; Ira E. Oatman, Sacramento; R. Beverly Cole, San Francisco; William P. Gibbons, Alameda; and Walter S. Thorne, San José.

The prosperity of our State during the last three years has been phenomenal. In 1885 our population was estimated to be about 1,000,000. It is now estimated, from reliable sources, to be 1,350,000, or an annual increase of 100,000. The increase in the medical profession, due partly to this influx from "cosmopolitan centers of learning," and partly to a natural growth under the healthful influences of our own educational institutions, has been proportionately great. Our State Society three years ago numbered but 200 active members, and to-day we have 350 on the roll. There are 22 prosperous local Societies, two of which have been organized during the last year, and 25 or more Boards of Health and Health Officers. There are numerous hospitals and asylums, creditable alike to the intelligence and philanthropy of the profession and the public.

In addition to the two schools in this city already enumerated, a third one, the Medical Department of the University of Southern California, was established at Los Angeles in 1885. It organized with a full corps of earnest instructors, and graduated its first class last week. All are fully up with the spirit of the times on the subject of education, each requiring stated qualifications, or preliminary examinations for entrance, and

three regular courses of lectures delivered during three separate years before being admitted to the final examination. The matriculants in these three colleges during the year 1887 numbered 191, of whom 44 were sent out from their sheltering roofs with the veritable parchment bearing witness that the holders had been legally invested with the title Doctor of Medicine.

The records show that there are now over 1,700 regular physicians in this State, and only about one-fifth of them are members of this Society. Last year there were 370 reported in this city, nearly one-half of whom (152) were members.

During a recent excursion through the State I visited the city of San Diego, which claimed a population of 3,000 souls three years ago, 11,000 one year ago, and 30,000 to-day. The number of practitioners of medicine recently reported from that county is 146. They have a prosperous county Society of 37 members, with additions at every meeting. Yet the State Society has only five members in that county. San Bernardino county has 60 physicians, and an active county Society of 20 members; but we have only four members in that county.

The city of Los Angeles had a population of 11,311 in 1880. One year ago it claimed 40,000, and it boasts of 80,000 to-day. There are 200 regular physicians in the county, and they have a local Society of 40 active members. Yet, the State Society has only eleven members in that county.

Ventura, Santa Barbara and San Luis Obispo counties are prosperous in the extreme, with rapidly increasing populations following up the advent of new railroads. They have more than 100 resident physicians, yet they have no local Society within their boundaries; and this Society has only five representatives in the three counties.

In the city of San Francisco more than 40 per cent of the physicians are members, while in the counties above enumerated about five per cent are members.

At first thought this great disproportion in membership between the central and southern parts of the State seems to indicate a condition of apathy in the latter which is incompatible with the character of a learned profession. But when we remember that enthusiasm, like small-pox, is contagious, and requires the presence of the germ to infect, the problem becomes one of easy solution.

During the last few years the annual meetings have been held in this city, partly for the reason that about one-half the members reside here, and hence a larger attendance may be expected; and partly, that many of those in the interior desire to visit the metropolis at least once a year, and, combining business with pleasure, they come at the time of the annual meeting.

By rail it is four hundred miles from this city to the northern boundary of the State; and it is more than seven hundred miles to the southern boundary. While we have a few earnest members in these far away counties, who rarely fail to meet with us, there are many excellent and reputable physicians there who feel that the time and expense necessary to attend the meetings are too great.

The railroads are now extending their iron arms to clasp in close embrace almost every quarter of the State. Within ninety days from this date the cities of San Diego, Santa Barbara, and San Luis Obispo will be distant from Los Angeles not to exceed four hours' ride. Is not, therefore, the subject of holding the next, or an early annual meeting in the southern part of the State worthy your serious consideration? In this connection, too, I may remind you that it is well along in the second decade since the American Medical Association held its memorable meeting in this city, and suggest that it will be wise to "put our house in order," that we may extend to that body an invitation to hold its annual re-union here on the twentieth anniversary of that occasion.

EXPERT TESTIMONY.

This Society has frequently passed resolutions, expressing the sentiment of the profession at large, that it is the duty of the Legislature to enact some law whereby a competent expert can require a fee commensurate with the value of the testimony to be given. The knowledge possessed by the expert which peculiarly fits him for that function, has usually been acquired through years of arduous toil over the "midnight oil," and the expenditure of thousands of dollars. This knowledge is justly regarded as his "capital in business." Neither individuals nor exaggerations of individuals have any more right to despoil him of any portion of that capital without just compensation than to require the banker to give up his gold, or the merchant his silk.

While there may be no special enactment on this subject, there seems to be some general law applicable, and the courts of this and other States have set the precedent by ordering such fees to be paid.

The following letter upon this subject is self-explanatory:

"April 3d, 1888.

"*My Dear Dr. Plummer :*

"In relation to the subject of your inquiry, the following may be of some interest: In 1872, during the second trial of the notorious Laura Fair for the murder of Mr. Crittenden, ten medical experts—among them Drs. Bennett, Sawyer, Bertody, Hammond, Stillman, Shurtleff, and myself—were detained in court about five days, and therefore received as compensation, by order of the Court, two hundred and fifty dollars each. The presiding Judge on the occasion was Reardon, of Grass Valley, and the Prosecuting Attorney was the present Judge Murphy, of our Superior Court.

"On the 14th of last December I declined, unless *compelled*, to give any expert testimony in the case of the 'People against Maroney', then on trial for the shooting at Judge Murphy. Judge Toohy, presiding, ruled that, according to a recent decision of the Supreme Court of Pennsylvania, an expert was *compelled* to testify, *provided he was previously guaranteed expert fees by the Court*. I testified accordingly, and on February 6th of this year was paid fifty dollars, the amount ordered by the Court. Yours truly.

"C. F. BUCKLEY."

With this position taken by the courts of our country, it seems scarcely necessary to importune the Legislature to take action upon this particular branch of the subject.

But there is another phase of this question which may well claim the serious consideration of that body. Our laws, as at present constituted, permit both parties litigant to examine experts, ostensibly for the enlightenment of courts and juries. Overzealous attorneys frequently subpoena experts because of the particular opinion they entertain, rather than the knowledge they possess. Under such circumstances it is to be expected that the testimony will be in behalf of the party who pays for it. The court and jury are as much at sea after, as before, such testimony; and thus the ends of justice are de-

feated, and a reproach cast upon the profession. The laws of our sister republic, France, provide that experts shall be selected by the Court from among those of well known ability on the subject at issue, and of unquestioned integrity. The Court orders the compensation, and thus the expert becomes a part of the machinery of the Court, endeavoring, from the evidence given, to arrive at a just conclusion. It is my belief that, with an unimpeachable judiciary, the ends of justice will be better subserved by a similar law in our own country.

FETICIDE.

The crime of feticide, the prevalence of which is not confined to our State, has often been condemned by this Society, and the Committee on Legislation instructed to draft such a bill as will offer better prospect of punishing the criminal. Your present committee, strengthened by the coöperation of our honorary member, Dr. E. R. Taylor, attorney at law, has devoted much consideration to this subject, and arrived at the conclusion that the law now governing the matter is as stringent as any which can be procured, except it be such as will place physicians generally in the power of blackmailing schemers.

SANATORY MEASURES.

The International Sanitary Congress, recently assembled at Rome, failed to evolve anything of practical utility; but we do not have to look far for the reason. As ancient Rome, on her seven hills, went down amidst the too many conflicting political elements when she essayed to become "Mistress of the Ancient World," so this modern city, in her laudable efforts to establish "sanitary lights" for the guidance of the world, failed because of too many conflicting commercial interests.

The subject of quarantine is one to which the public and the profession on this Coast have recently had occasion to give much consideration. One year ago small-pox was declared epidemic in Los Angeles, and we are only now recovering from the effects of one in this city. One of our prosperous mountain towns was in quarantine several weeks, and sporadic cases were developed throughout the State. San Francisco is the chief sea-port city of the Pacific Coast, and is in almost daily communication with China, Japan, Australia, the Pacific Islands, South America, Central America, and Mexico—the

hotbeds of cholera, typhus, small-pox, and other contagious diseases. This is the western gateway to the homes of sixty millions of people. There are not less than five daily overland trains leaving this Coast, and all liable to carry the germs of disease into the very heart of this great nation. Realizing this, it is but in accordance with the American sentiment of preventive medicine that we desire protection. We want a quarantine station, and, since it is for the national good, the nation should give it to us. Our Congressmen in Washington have been earnestly moving in the matter, and this Society should take the necessary action in the premises to give them "aid and comfort" in their noble work.

BOARDS OF HEALTH.

It is the sentiment of the State Board of Health, in which I heartily concur, that the number of local Boards should be increased. There should be one in every town of 500, or more, inhabitants; or there should be a County Board, with general powers of supervision. The Legislature has already provided the method of forming such Boards through the Supervisors (see Political Code, Secs. 3060 and 3061); and they may be compelled to act by suit of mandamus. But it has not given to these Boards the necessary power to protect the people from pestilential invasions, or during epidemics. One essential measure in this direction will be a law rendering vaccination compulsory in every child before it is admitted into any public school.

BURIAL PERMITS.

The protection of property rights, the security of life, and the punishment of crime, call for some measure to prevent the interment or cremation of any human body in this State without a proper permit. Permits should be issued by Health Officers or Boards of Health, where such exist; or, in the absence of either, then by a Justice of the Peace. They should be issued only on a certificate of death signed by a legally qualified practitioner of medicine in this State, if there be such within reasonable distance of the deceased; otherwise by the Coroner, or by two reputable citizens cognizant of the death and its cause; such certificate and permit to be filed for record in the proper office.

BIRTHS, MARRIAGES AND DEATHS.

The law directing the recording of births, marriages and deaths is so imperfectly executed that it is of no practical benefit. Sections 3075 and 3077 of the Political Code, and Sections 377 and 378 of the Penal Code provide for the enforcement of the Act. It is the duty of the Health Officer to enforce it.

MEDICAL PRACTICE ACT.

The "Regulation of the Practice of Medicine" by Legislative enactment is of very ancient date. Aristotle wrote: "Even in Egypt the physician was allowed to alter the mode of cure which the law prescribed to him after the fourth day; but if he did so sooner he acted at his own peril."

While it is true that some run after "strange gods," it is equally true that many are "slaves of habit," and believers in the wisdom of the past. Innovations are not received by them with that warmth of affection which usually greets the first-born in the new household. But when a custom has lapsed for one generation or more it practically becomes an innovation to reëstablish it. When the first effort was made in this State, in 1876, to secure the passage of a bill to Regulate the Practice of Medicine, it met violent opposition both within and without the profession. The result was, we accepted such a law as could be obtained—not such as we *desired*. But it served as an entering wedge, and in 1878 salutary amendments were procured. Our Society has annually appointed a Board of Examiners in accordance with its provisions.

For some years after the adoption of that bill the halls of legislation were patrolled by parties whose financial interests were concentrated in its repeal or modification. Your Board of Examiners and Committee on Medical Legislation recognized its defects, but feared that any bill which might be started on its passage through the Legislature would be so shorn and changed by amendments that it would not be recognized when it should emerge in the form of a law. They, therefore, reasoned that the interest of the public and of legitimate medicine would be better conserved by using all proper influence to prevent any further legislation on that subject until the desirability of such a law should be more firmly engrafted on the public mind. Such a time seems now

to have arrived. After the experience of ten years in the administration of the present law we are better enabled to point out its defects and suggest the remedies. The people, too, are becoming aware of the fact that while certificates of competency and integrity are required of engineers, bank cashiers, and kitchen divinities, it is equally important to look after the qualifications of those into whose hands they consign themselves when overtaken by disease or accident.

I recently received a letter from a party who, at the request of the State Board of Examiners, took down his sign nearly two years ago. He states that he had practiced medicine twenty-five years, and now finds himself incompetent to make a living for his family at any other calling. He feels that he is too far advanced on the declivity of life to attempt to graduate in medicine, and asks, "Is there a State or Territory in this Union where a quack can go and practice medicine unmolested? If so, I wish to go there!"

Last year this Society adopted a resolution affirming its belief that public and professional interests would be better subserved by a single Board of Examiners rather than by three, as now constituted; and that an examination of the applicant as to his fitness to practice the healing art is preferable to examination of his diploma as the basis of his right to a certificate, as now provided. In accordance with that sentiment your Committee on Medical Legislation, with the valuable coöperation of our honorary member, has prepared a bill which will be presented for your approbation during this meeting.

We learn from the writings of Strabo, Aristotle, Plato and others, that the ancient Greek physicians, long before the Persian war, "practiced as stipendiaries at the Royal Courts," and as "public functionaries with stated salaries, appointed by the people and held in high repute."

Our Legislature provided that the expenses of the State Board of Health, not to exceed \$4,000, should be paid out of the public treasury. While the function of that Board is preventive medicine, that of the State Board of Examiners has reference to practical medicine—quite as important to the public. In the efforts of the latter Board to enforce the Medical Practice Act the want of funds has seriously interfered; hence, among the new features in the proposed bill is

one providing a sum of money not to exceed \$5,000 per annum to defray its expenses. Many of the features in the old law have been retained in the new bill, among which is the section having reference to the refusal or revocation of certificates for grossly immoral or unprofessional conduct. This principle has been so long recognized by the Bar and the Bench as applied to the legal profession, and so often sustained by our courts in behalf of the medical profession, that no principle of law seems now better established.

The physician is familiar with all the ills to which flesh is heir. "The mystery of birth, the solemnity of death, the anxiety of disease, and the agony of despair" are phases of life daily presented to his view. He is admitted into the *sanctum sanctorum* where no other feet than his are permitted to tread. He is a welcome spectator and auditor where no other is permitted to look or listen. Human nature, stripped of all its conventionalities, lies exposed before him. The secrets of conscience, the aspirations of intellect, the devotions of love—all that exalt and all that debase the soul, are revealed to him in the hour of weakness or dismay. If purity of character and unsullied reputation be required in any walk in life, surely it should be in the medical profession. Pope's invocation to the physician at his bedside expresses his high appreciation of the healing art, a sentiment which it were well to foster :

"Friend of my life, which did not you prolong,
The world had wanted many an idle song."

As the spirit of "trade has degraded art, letters and society," so the "Medical Jesuit" has deprived medicine of much of its inherent dignity. No man ever descends from the exalted position of a true disciple of Æsculapius to the methods of the charlatan until he demonstrates to himself, as well as to the public, his own inability, and realizes the fate that awaits him in the legitimate practice. Christopher Smart fully appreciated this character when he painted it in the following lines :

"On mere privation she bestowed a frame,
And dignified a *nothing* with a name ;
A wretch devoid of use, of sense, of grace,
The insolent tenant of encumbered space."

MEDICAL EDUCATION.

The subject of medical education is so closely allied to that of medical legislation that they are practically inseparable. If the standard of acquirements to practice be raised by the State Board, it necessarily follows that the standard of education will be raised by colleges. Students will then seek those institutions which afford the best facilities for learning rather than those which provide an easy pathway to an "M. D." degree.

Students have been known to enter college in this city on the first of June, go East in October, and return in March—less than ten months—with a diploma from a "College in good standing."

To correct this evil, your Board of Examiners has adopted a resolution and published it to the world, that on and after March, 1891, it will not grant a license to practice medicine from any school which does not require of its candidates for graduation three regular courses of lectures delivered during three separate years. In this effort it deserves the warmest support of this Society.

We are glad to note that the Medical Department of the University of Wooster, at Cleveland, Ohio, and the Medical College of Ohio, at Cincinnati, have given notice that they will hereafter require attendance upon a three years graded course.

The St. Louis Medical College has lengthened its term of lectures to six months, and the Chicago Medical College to eight months.

Another part of the commendable work performed by the Board is set forth in the Medical Register, wherein all persons engaged in the practice of medicine in this State have been classified according to their practice and qualifications. It is no longer possible, therefore, for anyone to impose himself, under false colors, upon the public or the profession.

Hippocrates wrote: "Things which are sacred are only to be imparted to sacred persons. It is unlawful to impart them to the profane until after their initiation into the mysteries of the Science." In writing to his own son, he said: "Give due attention, my son, to geometry and arithmetic, for such studies will not only render your life illustrious and useful to your

fellow beings, but your mind more acute and perspicacious, arriving at fruitful results in everything pertaining to your art."

Medicine was taught in ancient times in the temples of Æsculapius, in the schools of philosophy, and in the gymnasium. Plato had the following inscription placed over the door of his academy :

"Let none ignorant of geometry enter here."

If a liberal knowledge of the arts and sciences was a prerequisite to the study of medicine in ancient times, it is equally important to-day. At no distant period we should have a law requiring the would-be student who has not a degree in arts to pass a preliminary examination before a State Board prior to entering college. All the collateral branches should be laid under liberal contribution. He should be required to know enough of the language in which lectures are delivered to comprehend all that is said to him; and he should also be able to make himself understood by patients and attendants.

The auspices under which we meet are most favorable. Throughout our great State prosperity and thrift prevail; at no time since some of our older members crossed the plains to occupy this golden shore has so much material progress been made in California, in a single year, as the one just passed; and matters pertaining to our profession are keeping step with the times. Hospitals, medical journals, a high standard of medical scholarship, and an improved and higher standard of ability among medical men are proofs, patent to the careful observer, that the work of this Society has benefited the whole profession, and the time, energy and money expended in the work of our annual sessions, have been like bread cast upon the waters.

THE expired air is entirely free from microbes, says Prof. Strauss, of Paris.

"As for myself," says Charles Darwin (Life and Letters), "I believe that I have acted rightly in steadily following and devoting my life to science. I feel no remorse for having committed any great sin, but have often and often regretted that I have not done more direct good to my fellow-creatures."

OSTEO-ARTHRITIS.*

BY CHARLES V. BOGUE, M. D., LOS ANGELES.

Mr. President, Ladies and Gentlemen: I am well aware that the subject chosen for this paper is not likely to excite much enthusiasm *de novo*; and that the burden may seem lighter I promise, in the outset, to take up but little time in discussing its etiology, but will confine myself to what seems to me the practical points in diagnosis and treatment, together with a brief report of two cases.

Osteo-arthritis of ideopathic origin, except it be rheumatic or pyæmic, is not common in the adult; but, as a result of traumatism, it is not unfrequently met with, and of all the affections which lead to final destruction of the joint that which originates in the bone is the most common. It is to this variety of osteo-arthritis occurring in adults, that I especially direct your attention.

The osteo-arthritis of adults departs in some particulars from that occurring in youth.

In youth the initial lesion is usually in the epiphysis, or, as Prof. Barwell puts it, at the juxta epiphyseal junction. While that of the adult is quite as likely to be in the cancellous tissue of the expanded end of the bone, or if due to extension from periostitis in the compact tissue. In either case the joint is invaded through inflammatory extension, finally breaking down the barriers and allowing the products of the inflammation to enter the joint cavity.

The knee-joint and head of tibia are the tissues most frequently involved in this form of joint disease.

The importance of early diagnosis of this disease can hardly be overestimated, as upon it hinges the greatest benefit to be derived from surgical procedure. In making our diagnosis I think it is well to dismiss the idea that it is necessary in chronic joint disease that the patient be tuberculous, syphilitic, or even rheumatic. The local signs and symptoms should guide us, irrespective of constitutional disturbance, and any systemic disease only add gravity to the circumscribed inflammation.

Pain is the earliest and perhaps the most important symptom. Pain of a dull aching or gnawing character, and deep-

* Read before the Los Angeles County Medical Society, May 4, 1888.

seated. Even in peripheral ostitis, in whatever stage (short of suppuration), the character of the pain is but little, if any, altered, except that it be ascribed to one side of the bone. When suppuration ensues, as in other tissues, the pain takes on the throbbing character.

The pain is nocturnal in severity, as is also the heat and redness of the superficial tissues.

Quite early in the disease, or as soon as the joint is implicated, there is retraction of the flexor muscles, and the so-called starting pains come on at night. These pains, which are due to spasm of the muscles, come to be very distressing; so much so that the sufferer dreads to go to sleep, for it is during sleep that they most frequently occur. The retraction of the muscles steadily increases until there is relief of the primary trouble, and even then it is often difficult to overcome, because of the fixation of the tissues from non-use and inflammatory action. If the disease commences in the cancellous tissue, it may be a considerable time before the periosteum will become sufficiently involved to produce apparent enlargement of the bone; but sooner or later this will occur.

Pressure upon the articular surface excites pain. The tolerance of which approximately indicates the extent of bone lesion, or its nearness to the articular facets; moderate pressure over the parts is not especially painful, except the disease be sub-periosteal, in which case there will be greater thickening and perhaps a tumified appearance, indicating the seat of trouble.

In differential diagnosis we are practically to distinguish an ostitis, which to some degree impairs the joint from disease, which has its origin in the synovial tissues, with or without involving the bone (where bony tissue is involved from extension of synovial disease, it would be convenient to designate it as arthro-ostitis, in contradistinction to that which originates in the bone). This is the essential point, as the treatment of the two conditions must be quite different. In differentiation, we should remember that in all diseases of the synovial tissues swelling precedes or very soon follows pain, while the swelling of the joint from osteo-arthritis is a late symptom. In synovial disease the periosteum is seldom involved, consequently no apparent enlargement of the bone.

In osteo-arthritis this is never the case, and even after effusion in the joint the bone primarily affected may be detected.

Pain from synovial disease, especially if purulent, is continuous, while that of osteitis is variable; sometimes disappearing altogether, only to recur with greater severity. Muscular retraction and starting pains occur long before effusion in osteo-arthritis, while in synovitis they are subsequent to effusion; indeed they are late symptoms in synovitis. Pressure upon the articular surfaces is not especially painful in synovitis, but any wrenching or rotary motion is decidedly painful. In osteo-arthritis these symptoms are to a considerable extent reversed.

When this disease is seen and recognized in the early stages, while it is yet but threatening the joint, we may reasonably expect, by operation, to guide it to a harmless issue; while, if it were left to blind chance, the joint would most likely be destroyed, and anchylosis be our most hopeful result.

The necessary surgery is simple, and fraught with but little, if any, danger. Selecting the most sensitive and tumified point—carefully avoiding the capsular ligament—a crucial or T shaped incision should be made through the soft tissues to the bone. Should we here find carious bone, abscess or excessive thickening of the periosteum, the wound may be packed, and a few days allowed to elapse, when, if the symptoms are not decidedly relieved, the trephine should be used, removing a button of the compact bone tissue. If we still fail to find the nucleus of the trouble, a needle or, what is better, a small bone drill should be passed into the cancellous tissue. When the diseased bone has been reached, there will flow from the wound serum or pus. Should we come upon sclerosed bone it should be pierced, as within its walls there is likely to be found pus. The seat of trouble having been reached, a drainage tube should be passed to the bottom of the wound; the whole dressed antiseptically, and the limb placed in extension and counter-extension.

The importance of extension is two-fold—that of relieving articular pressure, and correcting deformity. The length of time it should be persevered in, depends upon its tolerance in individual cases. But we should not lose sight of the great importance of removing articular pressure. After the deformity has been corrected, the *Sayre* extension splint may be

advantageously applied, allowing the patient more freedom of motion. However, patients will often prefer, after trial, to place the limb in the Nathan R. Smith swing apparatus, which allows a larger latitude of motion, and at the same time keeps the limb elevated. But, to correct deformity, I believe the weight and pulley to be quite as useful as any appliance with which I am familiar. After the limb is straightened the joint should be fixed in a plaster, silicate of soda, or some other splint. The posterior straight splint, I believe, is quite as useful as any, and allows better access to the diseased parts for dressing the wound, etc. The joint should not be disturbed under four to six weeks, and in very chronic cases a longer time may be safely allowed.

Passive motion, when commenced, should be repeated twice a week and is better accomplished with the jointed splint, as with it motion may be made much more steadily than with the hand, thus overcoming more perfectly the muscular spasm, incident to fear. It will be observed that the operation may practically be divided into two stages, corresponding to the tissues involved. This division applies well to the pathological conditions requiring, according to the location of the lesion, one or both steps of the operation. A periostitis may exist without ostitis, but an ostitis will not exist very long without setting up a periostitis. This brings us approximately to a decision as to when we should operate, for all authorities are agreed that an obstinate periostitis is best treated by incision, thus liberating the tension and allowing free drainage; therefore, we are justified in cutting down upon the bone, whenever and wherever we discover a periostitis that shows no signs of resolution from the *vis medicatrix naturæ*, assisted by such remedial agents as the case may indicate.

If after the periosteum has been divided there is no relief of pain and other symptoms, we are justified in presuming that the trouble is in the bone, and should proceed with the second step of the operation. In very many cases this halt is unnecessary, as the evidence of ostitis will be sufficient to warrant the complete operation at first. However, it is well to bear in mind this conservative course, which should be taken in doubtful cases.

From my note book I have selected two cases of this disease, which I will briefly report:

May 4.—Mr. G., Swede, thirty-two years of age, engineer by occupation. Fairly well nourished; has no signs of constitutional disease, though is from a tuberculous family. Had typhoid fever one year ago. First noticed trouble in knee about four months ago, after taking cold from standing in water several hours; also thinks he sprained the knee on the same day. Still, had but little pain in the part until three or four days afterward. During first two weeks suffered but little, only at night; was able to attend to his work until eight weeks ago. Since then has more rapidly become worse, until now he can bear but little weight on the affected limb. Locates the greatest intensity of pain in the head of the tibia, although the whole joint is painful. Has applied various liniments and blistered the parts with cantharides.

Upon examination find leg slightly flexed, which deformity he is unable to overcome. Head of tibia is enlarged, especially over external tuberosity, where it is also more sensitive to pressure; a little fullness of joint showing some effusion. Pressure applied to the articular surfaces is very painful. The skin over the knee is rather tightly drawn, is also red and hot; says there has never been any more swelling than at present. Latitude of joint movement reduced about one-half. Diagnosis osteo-arthritis. Injected a four per cent solution of cocaine, and made a crucial incision, about one and a quarter inches long, down to the bone over the external tuberosity.

Found periosteum a good deal thickened, but no evidence of periphreal bone disease. However, I decided to go no deeper and packed the wound with carbolated lint, dressed antiseptically and placed the limb in extension and counter-extension.

May 12.—Patient was considerably relieved during first three days after operation. Since then has steadily grown worse. Decided to trephine. Anæsthetized patient and with small trephine removed a button of bone, reaching through the compact tissue; cancellous tissue was much congested and bled freely. Passed a small bone drill through trephine opening, diagonally toward joint; on withdrawing the drill there flowed from the wound several drops of bloody serum. Feeling confident that the nucleus of the trouble had been reached, I passed a small drainage tube to the bottom of the wound, and dressed as before.

May 22.—Patient has had but little pain during last ten days. Wound has discharged freely a serous fluid, together with a little bony matter. The leg is kept in extension six hours per day, the rest of the time in the Smith swing apparatus.

June 6.—Swelling of the tibia has decreased; suffers no pain except on attempt to make passive motion, which was done for the first time to-day. Discontinued the weight and pully and removed drainage tube. After this the jointed splint was applied, for the purpose of making passive motion, twice per week, and about three-fourths the normal motion regained two months after the operation, when he was able to return to his work.

The second case was that of a woman, forty-two years of age, of rather feeble constitution, although I discovered no evidence of systemic disease. Saw her first September 3d, at which time she gave the following history: About one year ago sustained slight injury to the left knee in alighting from a street car (the character of which was evidently a bruise to the external condyle of the femur). She apparently recovered from this in a few days, but after two or three weeks began to have pain in the knee, or more especially in the external condyle. This was slight at first, but steadily grew worse, until now it is very severe, and has very much impaired her general health. Four months afterward the joint surfaces became involved, so as to give pain on bending the knee. Still, she was able to use the limb until about two months ago.

Upon examination found much retraction of the flexor muscles. Latitude of motion reduced at least one-half. No effusion in joint. Skin over the knee and down the leg somewhat mottled and tightly drawn. Decided enlargement of both condyles, but more especially the external one.

This case I also diagnosed as osteo-arthritis and advised operation. She refused to allow any cutting, so I compromised by painting the part with iodine and placing the limb in extension and counter-extension.

September 20.—The leg is nearly straight, but not improved in any of the other symptoms. There is more constitutional disturbance; pain is of a throbbing nature and very severe.

October 1.—With the assistance of the late Prof. Moses Gunn, as counsel in the case, she was prevailed upon to allow an operation. Dr. Gunn still thought it best to try to save the joint by trephining the condyle. This I did, coming upon an abscess just beneath the compact tissue. The wound was dressed as in the first case, and the limb placed in extension.

But the operation was too late to arrest the progress of the disease, and two weeks after the articular lamina gave way, allowing the joint to drain through the trephine opening. Eight months after the operation she recovered with a fairly well ankylosed knee.

SELECTED.

THE BLUE MASS CLINICAL SOCIETY.

STATED MEETING, Feb. 3, 1888.

THE Blue Mass Clinical Society was organized the first Friday night in January, 1888, for the purpose of mutual advancement and the general diffusion of scientific knowledge, especially of medicine and allied sciences. The membership is limited to an even dozen, consequently it is an exclusive organization, and applications will be received only from such gentlemen as have been victims of "higher education."

The select coterie composing the society organized themselves by electing Dr. G. Adolphus Wheal as president; Dr. G. W. Lyer, vice-president; Dr. J. Castor Bean, secretary. The services of an itinerant Ethiopian, known as Snowball, were secured for janitor.

The kind offer of the North End Natural Gas Co., of the free use of their office, was accepted with profuse thanks. Last Friday evening was the time for the first regular stated meeting—meetings being held on the first Friday of each month. While awaiting the arrival of the president, some of members indulged in a little informal talk on things in general outside of the run of science. Dr. V. Bertram Jinks was growling because his book-keeper had failed him, and he had been compelled to make out his bills himself. He complained that when he finished the work he felt dizzy, because he had made so many "curleyques" in making out bills. "Why," said he, "between the 8's and the \$, I was nearly drunk. There's altogether too many 8's in this year. Still, I suppose, if it hadn't been for the 8's none of us would have been here to-day."

"How's that, doctor?" asked Snowball, the janitor, who is accumulating all medical knowledge possible from his associations, in fond hopes of blossoming soon as a specialist.

"Well, it's just this way," replied the doctor. "You see you all had to be cre8d. But before that process could be, it necessit8ed maturity on the part of those who particip8d. Your m8er had to menstru8 and ovul8, and your p8er substanti8 his claims to manhood. Even then your f8 hung upon the possibility of your m8ter being impregn8ed by your p8er. Being

fortune in this speculation, your patient's mother proceeded to gestate, usually for two hundred and eighty days; and when this period terminates you are precipitated into the outer world. The day when this occurs is your natal day, and the place your nativity."

Just then the president, Dr. G. Adolphus Wheal, called the society to order, and announced that Dr. Duff would report a case of

BREECH PRESENTATION.

CASE. Mrs. B., aged 23, multipara, fourth child. Called in consultation by Dr. D. V. Savem last Wednesday, to see a woman who had been in labor forty-two hours. Examination revealed a dilated os, with an unusually large breech presenting; child still alive, although very feeble; patient much exhausted. After many futile efforts at extraction both by manual and mechanical means, and due and careful deliberations, we decided to perform embryotomy. Upon announcing our decision sheol was exalted, and all hope of instrumental interference of that sort was abandoned. Laparotomy, Cæsarean section, Porro's operation, and all known similar operations were proposed, and one and all rejected. Seeing all hope of success fast fleeing, we determined to resort to strategy to carry our point. We proposed the "vacuum suction" method, and as it was unknown to the objecting party, and we assured them that no cutting tools would be used, they consented. Accordingly a strong air pump was secured, and a soft rubber cup fastened securely around the end of the exhaust pipe connecting with the receiver of the pump. When all was ready the cup was fitted neatly over the child's anus, and held there by me while Dr. Savem manipulated the pump. At first there were no results, but soon the lower bowel could be seen filling up the pump receiver, coming through the exhaust tube. A few more strokes of the piston completely emptied the abdomen, all the viscera having been sucked through the tube. Continuing our exertions, we soon heard a sharp crack, which was followed by a collapse of the chest-walls, and the entrance of the heart and lungs into the receiver, thus proving that the diaphragm had been ruptured, and insuring the complete success of the operation. The tube was now removed, and as there were no obstructions to a free passage of the body, which was now nothing more than a mere shell of flabby muscle and skin, it was folded up like an

empty bag and withdrawn. The head came away without any trouble whatever. The time occupied by the operation was seven minutes; there was no hemorrhage or pain; patient is recovering rapidly.

In presenting this case to the society, we take pride in what we feel free to call an innovation in obstetric practice, and to say that we feel proud of our success would but express our thoughts very mildly.

DISCUSSION.

Dr. D. V. Savem corroborated the report made by Dr. Duff.

Dr. H. Pemberton Williams spoke highly of the paper, and complimented the gentlemen on the novelty of their new operation. It was confirmatory of his long advanced theory, that only absolute necessity would develop the innate genius and character of a person.

Dr. William Lotus complimented the gentlemen very highly. Sometime ago he had had a similar case, and was at a loss how to proceed. He had, however, succeeded in delivering the woman by injecting a solution of rubber into the neck of the uterus, which rendered it sufficiently elastic to permit the passage of the child.

Others complimented the gentlemen, and then the society adjourned to the Hotel of McMaster Bates to meet the traveling representative of the Doorhacker Wine Co., and secure samples.

J. CASTOR BEAN, M. D., Sec'y B. M. C. S.

—*Indiana Medical Journal.*

GALL STONES BROUGHT AWAY BY LARGE DOSES OF OLIVE OIL.—In the *New York Medical Record*, January 14, 1888, p. 46, will be found the details of a case treated by olive oil, in which in the course of one or two days sixty stones were evacuated, six of which had the *volume of an olive*. "The passage of these calculi by the cystic and biliary canals was, for the most part, unattended with pain." In three months a relapse occurred, and a repetition of the olive oil was followed by the discharge of eighteen more calculi.

It is simply incredible that the biliary ducts can allow the passage of a body as large as an olive, and until further and more exact evidence is advanced, we prefer to adhere to the explanation of these cases recently advanced—that the so-called calculi are masses of stearin derived from the oil.

F. L. H.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

"BURN BUT HIS BOOKS."

Caliban.—"WHY, as I told thee, 'tis a custom with him
I' the afternoon to sleep; then thou may'st brain him,
Having first seized his books; or with a log
Batter his skull, or paunch him with a stake,
Or cut his weasand with thy knife. Remember,
First to possess his books; for without them
He's but a sot, as I am, nor hath not
One spirit to command; they all do hate him,
As rootedly as I. *Burn but his books.*"

The editorial head sometimes wonders whether the physicians it meets at times on the street corners appreciate the value of books as did Caliban, ignorant, deformed and enslaved. Do we not grow so accustomed to books that we lose sight of their value to us, and so neglect them, even as one may worship heroism afar and yet walk the streets daily, blind to the heroism of lives that are lived immediately about him? The one thing which probably more than any other impresses savage races when brought in contact with civilization is the mysterious power which the white man possesses through his books. It is to them the one great distinctive mark between the white race and all others. "His books! his books! ah, if we could read his books!"

An Indian was trying to explain the reason for the relative positions of the various races of men. He said that the Great Spirit made in the beginning three men, one black, one red, and one white, and placed before them a hoe, a bow and arrow, and a book, giving them their choice. The black man, said he, chose the hoe, and it made him a slave. The red man chose the bow and arrow, and they made him a wanderer upon the face of the earth. For the white man there was only left the book, but it made him master of all.

The Indian, with the intuition born of his failure to compete with the white man, read the mystery of his civilization even if he could not read the strange symbols of his printed page. There, and there only, was the secret of his superiority, and he too, with Caliban, might cry in the battle for race supremacy—

"Remember, first to possess his books."

Brother physicians of the street-corner, *Fratres, sed non diligentissimi*, do not forget the books! It is said that the preacher must be a man of prayer. Equally true is it that the physician, if he would indeed, and in the truest sense, be a physician, must be a man of books. One's knowledge becomes rusty—and the world keeps growing—and wisdom does not make her haunts upon the street-corners.

To your books, brethren!—for your own sakes—for the sake of your patients—for the sake, and the good name, of your profession.

Then when the detractor would injure you, or the black-

mailer would lay traps for you, like malignant Caliban he will feel the power that lies in the well conned library, and in the impotency of his wrath he too will be forced to exclaim—

“ Remember, first to possess his books.”

MALPRACTICE SUIT OF LONGSTREET VS. KURTZ.

THIS case of alleged malpractice was recently tried by a jury before Judge O'Melveny, occupying four days of valuable time to all concerned, and attracted the attention of lays and physicians with the greatest interest.

As such cases seem to become rather frequent of late, and threaten the safety of the surgeon in his generally benevolent work, I deem it my duty to bring the case before the profession, with a view of bringing about such legislation which may hereafter protect the surgeon from unjust persecution or blackmail.

The plaintiff Longstreet alleged :

That on January 18, 1887, he was moving a house; that the rope broke, and rope and block struck his leg, causing a fracture; that he employed me to treat him, and that by reason of my unskillful and negligent treatment the case resulted in a permanent deformity of the leg, which disabled him forever to follow his trade of carpenter or bridge-builder; that he was obliged to employ other physicians and buy medicines, which, together with his loss of time, was an expense to the sum of \$1,500, and claimed to be injured to the amount of \$20,000—and therefore prayed for a judgment of \$21,500. Enough to keep him and his attorney comfortable for the rest of their lives.

He testified to the same effect, but on the cross-examination admitted that he paid only \$4—and that \$2 for opening an abscess caused by a cactus thorn, and \$2 for a prescription for malaria. He also testified that for three months he never had his foot to the ground, and that during the whole time, from January 18, 1887, till now he had never been able to walk without the aid of either crutches or canes; while on the cross-examination he had to admit that he tried to walk sometimes to ascertain the strength of his foot, and that since

June, 1887, he had been in the employ of the S. P. Co., working partly as carpenter and partly (since January, 1888) as pumper at Spadra, which work requires the full strength of a man's leg.

Seven experts were examined in the case, Drs. Wise, R. Kirkpatrick and Fenner for the plaintiff, and Drs. Lasher Maynard, Cohn and Ross for myself (defendant). Dr. Wise was the only one who thought the case had been a simple transverse fracture of tibia and fibula, uncomplicated by any other lesion, and the result a bad one; while all the other physicians pronounced it to have been an oblique fracture with a lesion of the ankle-joint, and considered the result a good one.

Now I shall state the case as I found it, the treatment and the result, and expect the profession at large to pass judgment on it. The case was a peculiarly severe and complicated fracture of tibia, about one and a half inches above the malleolus, and fibula about two and a quarter inches above the malleolus, oblique laterally, and V-shaped in the tibia, with a fissure running into the joint below. The foot was much everted, the internal malleolus protruding, showing a laceration of the deltoid ligament. This sort of fractures is well described in "Ashurst International Encyclopedia of Surgery" as "Gossler's fracture," and is imminently fraught with danger to the life or limb of the patient, as it is invariably followed by severe inflammatory symptoms in bones and joint. The rope had encircled the leg and caused a great amount of contusion to the soft tissue and considerable blistering to the skin, which threatened to become gangrenous. The treatment consisted of antiseptic dressing (iodoform-cotton) and felt-splints for about three weeks, and then the plaster-of-Paris bandage, with all the precautions necessary to immobilize the limb; passive motions were occasionally made to prevent ankylosis of the joint.

The result of the treatment is not by any means a bad one; there is a slight deflection from the axis of the tibia inward, only *one-quarter of an inch shortening* as measured by Dr. Maynard, consequently the deformity cannot be much. But there is still a good deal of provisional callus deposited about the seat of the fracture, which gives the leg the appearance of some deformity, and to show this to the greatest advantage

it pleases the patient to flex and *invert* his foot as much as he can while he is examined, which position he cannot maintain when he walks, as then his foot comes flat down on the ground, and even slightly *everts*. This shows evidence of fraud on the part of the plaintiff, and has been well observed by some of the jurors. The motions of the joint are perfect, and the muscles of the leg are as well developed as those of the other leg, indicating an equal use of this as of the other.

Now, when we consider that this patient has even disobeyed my orders, and walked sooner and more on his leg than I allowed him, I have fair reason to say that the result is a better one than I had dared to expect.

The attorney for the plaintiff accused me of unskillfulness and neglect, principally because I had not kept the fragments in apposition by means of an extension and counter-extension apparatus; but only a fool would attempt to apply such an apparatus to so short a fragment, and would certainly abandon it after a trial.

The case went into the hands of the jury on the evening of the fourth day of the trial, and after about one-half hour's deliberation had agreed on a verdict in my favor.

But what is the result of all this to me, who has been proven to be innocent of malpractice? I had to pay all the costs of the suit, for which I received a judgment against the plaintiff, whose possessions in the moon I am entitled to attach, and my attorneys are certainly not disposed to work for nothing. In some of the Eastern States the plaintiff in an action for malpractice has to furnish a bond for the costs, and a fair amount to be applied toward the attorney's fees of the defendant; while here in California any man, who happens to become a patient of a surgeon, may sue the same to his heart's content, if only he finds a lawyer who is willing to take his case on a contingent fee. In some parts of the civilized world it is customary that the examiner of medical experts be an expert himself, while here a man, who knows nothing of medicine or surgery, is authorized to bulldoze highly educated physicians. An attorney at law, who is perfectly ignorant of physiology and pathology, finally argues the case before the jury and perverts the case as much as he pleases, perhaps relying on the ignorance of the jurors. Fortunately, the jury which tried this case consisted of honorable and intelligent men.

Now, I may fairly ask, cannot the medical profession be better protected? I therefore suggest that, at the next session of the Legislature, such action should be taken which will result in the passage of such laws which will oblige a plaintiff, in a case of malpractice-suit, to furnish the bonds as in other States, and, if possible, that medical experts be examined by medical experts in court, and I believe we will have no more blackmail.

JOSEPH KURTZ.

LOS ANGELES COUNTY MEDICAL SOCIETY.

THE regular monthly meeting of the Los Angeles County Medical Association was held May 4, 1888, at the office of Dr. W. W. Murphy, in the Hollenbeck Block.

After reading the minutes of the two previous monthly meetings by the Secretary, the President called for the report of the Board of Censors, who reported favorably upon the following applicants, all of whom were then elected members: Drs. W. E. Dodge, R. W. Miller, T. A. Crowell, F. F. Dole, W. W. Hitchcock, I. B. Hamilton, O. M. Schultz, Theoda Wilkins, P. F. Casey, — Gough, Geo. H. Mitchell, and N. Mathis.

Dr. John L. Davis, from the committee appointed to investigate the feasibility of organizing a District Medical Society, reported that over eighty physicians from outside of Los Angeles had expressed the opinion that such a society should be organized. After discussion the committee were continued and instructed to call a meeting for the organization of a Southern California Medical Society, to be held on the afternoon of June 8th.

Dr. Theoda Wilkins presented a patient suffering from *otitis media*. The treatment of this case evoked much discussion, some advocating the "dry" and others the "mixed" treatment.

Dr. C. V. Bogue then read a paper on "Osteo-arthritis" (see page 216). The discussion of the paper was opened by Dr. H. B. Lathrop of San Pedro, who reported two cases he had operated upon with favorable results. Several others participated in the discussion.

Society adjourned until the second Friday in June.

G. W. LASHER, M. D., *President*.

W. D. BABCOCK, A. M., M. D., *Secretary*.

CASCARA.

CASCARA, in the form either of a fluid extract or cordial, has been much prescribed as a purgative, and in several instances, reported in different medical journals of late, unpleasant effects have been produced. In one or two instances quite serious results have followed the administration of drachm doses of the fluid extract. The action of the drug is such as to unfit it for any such use. In many persons it produces a deathly sickness, and an amount of physical suffering, wholly unnecessary when the object is to simply empty the alimentary canal.

A dozen other drugs are more suitable for the purpose. Cascara is a stimulant to the mucous membrane of the digestive tract, causing increased secretion, and in combination with *Nux Vomica* is one of the most satisfactory remedies for long-standing constipation. The dose of *Ex. Cascara fl.* need not be larger than five to ten minims, and of *Tr. Nux Vomica* two to five minims. This dose twice daily will stimulate the bowels to healthy action, and in a short time the doses may be less frequently given, and finally discontinued.

AMERICAN MEDICAL ASSOCIATION.

THIS organization closed its thirty-ninth annual session at Cincinnati on the eleventh of May. The following officers were elected for the ensuing year:

Dr. W. W. Dawson, of Ohio, President. First Vice President—W. L. Schenck, Kansas; Second Vice President—Frank Woodbury, Pennsylvania; Third Vice President—H. O. Walker, Michigan; Fourth Vice President—J. W. Bailey, Georgia; Treasurer—R. J. Dunglison, Pennsylvania; Secretary—W. B. Atkinson, Pennsylvania; Librarian—C. H. Kleinschmidt, District of Columbia.

Trustees—E. M. Moore, New York; John H. Hollister, Illinois; Joseph M. Toner, District of Columbia.

Members of Judicial Council—M. A. Phillips, Kansas; A. M. Pollock, Pennsylvania; W. C. Van Bibber, Maryland; J. F. Hibberd, Indiana; Chas. S. Wood, New York; J. McF. Gaston, Georgia; W. H. Q. Taylor, New York; George S. Porter, Connecticut.

Newport, R. I., was selected by the committee as the place for the next annual meeting. The meetings will begin the first Tuesday of June. The report of the committee was adopted unanimously.

The committee on nominations also selected the authors of the general addresses to be made at the next annual meeting. The address in general medicine will be delivered by Prof. William Pepper, of the University of Pennsylvania; the address in general surgery will be delivered by Prof. P. S. Conner, of the Ohio Medical College; the address in State medicine will be delivered by Prof. W. H. Welch, of the Johns Hopkins University, Baltimore.

ORGANIZATION OF THE "SOUTHERN CALIFORNIA DISTRICT MEDICAL SOCIETY."

THE long-talked-of organization of a District Medical Society in Southern California took place June 8th, in the reception room of the Hollenbeck Hotel. About fifty physicians were present, representing Los Angeles, San Bernardino, San Diego and Kern counties, and each one present was very enthusiastic over the prospect of such an organization.

Dr. Cochrane of Los Angeles called the meeting to order, after which he introduced Dr. Lathrop of San Pedro who delivered the address of welcome, in which he stated the object of the organization to be for the uniting of the whole southern section of the medical profession in one body.

Dr. M. F. Price of Colton was elected temporary chairman, and Dr. Lathrop temporary secretary.

Three committees were appointed, composed of one physician from each county: These were on Constitution and By-laws, Permanent Organization, and Credentials. The following were the committees appointed:

Constitution and By-laws—Dr. W. G. Cochrane, Los Angeles county; Dr. W. R. Fox, San Bernardino county; Dr. C. A. Rogers, Kern county; Dr. R. B. Davy, San Diego county.

Permanent Organization—Dr. J. P. Widney, Los Angeles county; Dr. K. D. Shugart, San Bernardino county; Dr. C. A. Rogers, Kern county; Dr. P. J. Parker, San Diego county.

Credentials—Dr. E. A. Follansbee, Los Angeles county; Dr. W. R. Fox, San Bernardino county; Dr. C. A. Rogers, Kern county; Dr. W. N. Smart, San Diego county.

The reports of the committees were read and, being in harmony with the sentiments of all present, adopted.

Under the head of Permanent Organization the following officers were elected for the ensuing year:

President, Dr. M. F. Price of Colton. First Vice President, Dr. C. C. Valle of San Diego. Second Vice President, Dr. C. A. Rogers of Bakersfield, Kern county. Secretary, Dr. John L. Davis of Los Angeles. Treasurer, Dr. W. G. Cochrane of Los Angeles. Censors: Dr. Walter Lindley of Los Angeles, Dr. W. R. Fox of San Bernardino county, Dr. R. B. Davy of San Diego, Dr. H. B. Lathrop of San Pedro, and Dr. K. D. Shugart of Riverside.

The following committees were appointed for the next meeting:

On Practice of Medicine—K. D. Shugart, Riverside; J. P. Widney, Los Angeles; R. Armstrong, San Diego.

On Materia Medica — John L. Davis, Los Angeles; C. A. Rogers, Bakersfield; C. C. Valle, San Diego.

On Obstetrics — Walter Lindley, Los Angeles; W. R. Fox, Colton; P. J. Parker, Fall Brook.

On General and Special Surgery — Joseph Kurtz, Los Angeles; W. H. Smart, San Diego; H. H. Maynard, Los Angeles.

On General Arrangements — W. R. Fox, Colton; M. F. Price, Colton; K. D. Shugart, Riverside.

It was decided that the next meeting should be held at San Bernardino, the first Wednesday of next December, the Constitution providing for semi-annual meetings.

The following is the list of members :

Bailey, J. G.	Davy, R. B.	Maynard, H. H.	Schultz, O. M.
Brainerd, H. G.	Dole, F. L.	McAllister, W. L.	Shugart, K. D.
Babcock, W. D.	Fox, W. R.	McCarty, T. J.	Still, J. J.
Barber, D. C.	Follansbee, E. A.	Moore, M. L.	Stockton, T. C.
Bicknell, F. D.	Hagan, M.	Northrup, T. C.	Shuey, S. I.
Carson, J. K.	Hamilton, I. B.	Orme, H. S.	Smith, E. R.
Cochrane, W. G.	Kurtz, J.	Price, M. F.	Thompson, Wesley
Cole, G. L.	Lasher, G. W.	Parker, P. J.	Valle, C. C.
Casey, P. F.	Lathrop, H. B.	Rogers, C. A.	Wills, W. L.
Dukeman, W. H.	Lindley, Walter	Radebaugh, J. M.	Wilkins, T.
Davison, J. H.	Murphy, W. W.	Smart, W. N.	Worthington, H.
Davis, John L.	MacGowan, D. G.		

The visitors remained to attend the County Medical Society at night. After its adjournment all repaired to Koster's restaurant where a collation had been prepared for the occasion. Soon after the gathering around the table a hearty feeling of good fellowship evinced itself, and San Diego, San Bernardino, Los Angeles and Kern vied with each other in mutual compliments and witticisms. Numerous toasts were responded to and no little merriment was occasioned by some of the speakers' witty remarks.

The Society met under the most auspicious circumstances, and each member feels that a great work is before it, and that much good to the profession will undoubtedly result from such an organization in Southern California.

The various counties were well represented by able men of the profession, and we predict, not only that the membership will be doubled at the next meeting, but that the future of the Society will be crowned with success. Such organizations increase the strength of the profession, and we hope to see every member of the County Societies become members of this District Society.

May it prosper and bring forth fruit in abundance.

EDITORIAL NOTES.

DR. J. W. THAYER, late of El Paso, Texas, has located at Gilroy.

Dr. Harry N. Hall, University of Pennsylvania, 1888, has located in Pasadena.

Dr. Valle of San Diego and Dr. Gill of Riverside made us a pleasant call recently.

Prof. E. E. Montgomery, the Philadelphia gynecologist, has removed to 1818 Arch street.

Drs. Maynard and Cochrane have removed their offices to the corner of Spring and First streets.

Dr. R. H. Plummer is again Secretary of the State Board of Examiners. He does well and thoroughly everything he undertakes.

We had a pleasant call recently from Dr. D. Ream of Yreka. Like his partner, Dr. H. D. Robertson, he is a clever gentleman, an excellent physician and a successful surgeon.

A work on Gynecology, by Dr. A. J. C. Skene, is now going through the press of D. Appleton & Co. In the SOUTHERN CALIFORNIA PRACTITIONER for May, 1886, we suggested that Dr. Skene should write such a book, and said it "would be hailed with delight by the profession."

Mr. Geo. R. Shatto, the proprietor of Catalina Island, has sent a kind invitation to every member of the Los Angeles County Medical Society to be his guest for twenty-four hours at the hotel on the island. We believe Catalina will be one of the most, if not *the* most, popular resort on the Pacific Coast.

On page 148, April number of the SOUTHERN CALIFORNIA PRACTITIONER, under the title of "Peculiar Journalism", we spoke of the *Medical and Surgical Reporter* admitting to its columns, without protest, a communication saying that "all religion is quackery", and from that letter being published without protest we inferred that the sentiment was concurred in by the editor of that journal; but one of our colleagues has just handed us a personal note from Dr. Chas. W. Dulles, editor of the *Medical and Surgical Reporter*, denying that he coincides with the sentiment expressed by the correspondent referred to. We are glad to make the amende honorable to Dr. Dulles, and hope that in the future we shall not be misled by crank correspondents.

SIR MORELL MACKENZIE AND MR. HOVELL have brought an action for libel against two German newspapers for publishing an account of an alleged incident in connection with the Emperor's illness. These papers stated that on April 11 the Emperor was almost throttled, owing to the clumsy treatment of Drs. Mackenzie and Hovell in placing the rectangular canula in his throat, and that Dr. Mackenzie had to send for Dr. Bergmann, who was only just in time.

INDIO, on the line of the Southern Pacific, at the western border of the Colorado desert, has no dew and a rainfall of about one inch a year. This would seem to be the place for those with whom the fog of the coast disagrees. To illustrate the remarkable dryness of the soil, Stephen Bowers informs us that wagon tracks are visible that were made ten or twenty years ago, large mesquit trees growing between them.

ANTIPYRIN, according to Huchard, diminishes the action of the kidneys and hence is contra-indicated in certain diseases of those organs; it weakens the heart, hence when the pulse is weak or intermittent is apt to produce collapse.

THE URETHRA IS A RIFLED PASSAGE, according to Wagstaff. It is suggested that the spinal arrangement is to secure, as in the gun, greater accuracy of aim!

A CASE OF ANTHRAX, or malignant œdema, recently died in Chambers-street Hospital, N. Y.

KEITH, the renowned ovariologist, has removed from Edinburgh to London.

HOSPITAL NOTES.

LOS ANGELES COUNTY HOSPITAL.—CLINIC OF G. BARTON DOZIER, M. D.*

Electricity in Constipation.—In a case of gunshot injury of the spinal cord, attended with obstinate constipation, electricity was applied in the presence of the class, with the result of producing free defecation within five minutes. This man, who had been brought to the County Hospital from another institution, had not had a passage for five days, and electricity

* Lecturer on Clinical Medicine in the Medical College of the University of Southern California.

was used after the failure of various other measures. His abdomen exhibited marked ballooning. Either variety of current may be used; one pole is placed on the last lumbar vertebra and moved about over an area of about three inches; the other is placed over the pit of the stomach and moved over the surface of the abdomen. Dr. C. A. Dozier, who was electrician to Cooper College, San Francisco, for two years, has used this remedy in one hundred and fifty cases, always with immediate success.

Salol in Dysentery and Diarrhea.—Wm. Larkin, aged 33, painter, was admitted April 17, suffering from chronic dysentery, which had persisted for eight months, and had reduced him to a condition of great weakness and emaciation. Various remedies had been used in a hospital in another city, but without success. Salol, gr. v, in capsules, every four hours, was prescribed. April 30 he was discharged, cured.

Ten cases of chronic diarrhea and dysentery have been treated with salol; all were cured except three, which have also resisted every remedy which has been used since. The successful cases had been faithfully treated by other means, previous to the use of salol.

ABSTRACT FROM CLINICAL LECTURE BY J. R. HAYNES, M. D.*

Cancer of the Stomach.—Mark the extreme emaciation of the patient. The rounded contour of the face and limbs in health is caused by a padding of subcutaneous fat, which is one of nature's store-houses. For during starvation, either from inability to procure food, or, as you will find in this case, almost entire inability to digest and absorb it, the organs essential to existence cry for food, and the fatty elements are absorbed and serve to sustain life for a long time. Subject two equally healthy persons to starvation, the one, other things being equal, possessing the greater quantity of fat will outlive the other.

We find that the patient has been suffering for the last four years from the symptoms of gastric catarrh. For the last three months he has had severe epigastric pain, vomiting of nearly ali indigested matter, and frequently of blood of coffee-ground appearance.

To what do these symptoms point? Chronic gastritis?

* Of the Medical Department of the University of Southern California.

Yes. This man has chronic gastritis, which is always associated with his disease. But the constant pain and the vomiting of blood point to a more serious trouble—simple ulcer of the stomach. This occurs three times out of five in anemic women, between the ages of 20 and 30 years (this man is 57), and is characterized by profuse vomiting of bright red blood, by lancinating pain passing from near the ensiform cartilage to the back, and by acute tenderness over seat of pain.

Although the symptoms last mentioned differ materially from those of this patient, yet there are many cases of ulceration in which the symptoms are far from typical, and had we to depend alone upon the signs enumerated it would be impossible to make a diagnosis between ulcer and cancer. But, fortunately, we have yet to fall back upon a physical examination of the abdomen.

One of the students will now mark out with ink the nine regions which have been arbitrarily made for convenience of description of the different abdominal organs. Upon palpation we find, in the umbilical region, a large, hard, irregular, movable, modulated tumor, the greater portion of which lies to the right of the median line. Surrounding the tumor there is tympany on percussion, showing that it has no connection with the liver.

The presence of the hard tumor in this situation decides the diagnosis to be schirrhous of the pyloric extremity, and of the anterior wall of the stomach. Owing to a very decided dilatation of the stomach, the position of the tumor is lower than usual.

How shall we treat him? Owing to the very extensive involvement, pylorotomy cannot for a moment be entertained. We can but palliate.

We will give him two ounces of peptonized milk by enema, every three hours, and will advise the nurse to use the old-fashioned cannon syringe, which holds just the prescribed amount. If the rectum permits, a larger quantity may be injected. A few drops of laudanum may be used with each injection, if the rectum be irritable. He should, likewise, have small quantities of peptonized milk by the mouth, and, if not rejected, meat broths and other liquid foods. In ordering peptonized milk, remember the following directions for its preparation, and see to it that the nurse understands them. Mix 5 grains Ext. Pancreatis and 15 grains Sodium Bicarb (Fairchild's Peptonizing Tubes contain the exact amount) with one of tepid (100°) water, add to one pint tepid milk, keep tepid half an hour, slowly bring to the boiling point and keep on ice.

We will, likewise, order that half an ounce of condurango bark be macerated in 12 ounces of water for twelve hours, boiled down to 6 ounces, and half an ounce administered three times a day. It undoubtedly tends to allay the irritability of the stomach.

Morphia is to be given hypodermically when needed.

CORRESPONDENCE.

IS IT ERYTHEMA NODOSUM?

VISALIA, Cal., May 14, 1888.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER: On the 7th I visited W. M., aged 65 years, a farmer. I was greeted at the gate by a member of the family, who commenced to give orders as to how I should talk and act when I entered the room to see the patient, as he was out of his head and cursed all the doctors. I reached the steps in company with my companion, then asked to wash my hands. I was conducted through the room in which the patient was lying, and, as I passed, glanced at my angry but quiet patient. Small-pox, and a bad case, seemed inevitable.

As I was washing my hands three women fluttered the history into my ears. I at last announced that I was ready to examine the sick man, and started for the room, at the same time remarked, "It looks like small-pox." "Yes, yes, yes, I told you so," responded two or three. I proceeded to examine the face. The skin in color was scarlet, or livid hue, and studded as thick as it could be with pustules, round or oval in shape, shining and elevated above the skin, full and distended with yellowish fluid, varying in size from a pin's point to the blunt end of my pencil. The eyes, ears, nose, mouth, everywhere, was covered. I opened the clothes and examined the chest, and found the skin thickly covered—the trunk, arms, legs, feet, arms, scrotum and penis, and, in fact, not a quarter of an inch without a yellow or crimson-colored pustule. They were hard, or firm, and had Heabert's sluchon appearance. The scarlet hue did not appear, except on the face, rectum and scrotum. The pustules came first upon the face, then rapidly covered the body. The rheumatic pain and fever soon disappeared after the appearance of the eruption. The surface was somewhat painful, stiff, sore and tender to the touch; but he complained only of a burning. The family mistook his wool-stuffed-mouth-like-talk for delirium.

On close examination I found new or young nodules, others in full bloom, and a goodly number in old age, or softening. There was no running together except on the back of both hands; his constitutional symptoms gradually increased until

the eruption appeared, when quietude ensued. This is now the third week and he is rapidly recovering, with more or less disquamation of the tips of the pustules. I gave my opinion that his disease was erythema nodosum; notwithstanding, several other medical gentlemen diagnosing variola. No history of contagion could be found, either before or since the sickness.

What say you?

Yours respectfully,

L. J. KING.

CATALINA ISLAND.*

THIS is a delightful place, because of the scenery and the varied character of our amusements. If lazy, we lie on the pebbly beach and bask in the sun; or drift around in a boat on the smooth water, watching the countless seals playing, or looking down perhaps a hundred feet at the shoals of fish or the wonderful sea vegetation. Or we wish to fish, and will be rewarded by barracuda as long as the arm.

When tired of the sea, we take long rides over the narrow sheep-trails up the steep sides and along the crests of the mountains, and imagine ourselves among the peaks of Crusoe's island, and wonder where we would stop rolling if our ponies should miss their footing, and what we would do if some one coming in the opposite direction should meet us. Or, if we feel murderous, we will slay the wild goats in Silver cañon.

* * * * * The nights here are warmer than in Los Angeles, and the hotel is on the leeward side and is sheltered from the keen winds. * * * * * However, the precautions necessary to the invalid in the whole coast region must also be observed here: the night air and the shade must be avoided; wraps must be donned as soon as the sun declines; when you become heated by exercise, you must take the greatest care to cool yourself gradually. * * * * * Cases of consumption *requiring a dry climate* should not come here. All others capable of improvement will do well. * * * * * We will stay about two months, and thoroughly explore the mineral springs, the mineral deposits, the Indian burying-places, etc.

* Extract from a letter to a friend in Missouri, by a physician.

NEW LICENTIATES.

SAN FRANCISCO, April 4, 1888.

THE following persons having complied with all the requirements of the law and the regulations of the Board of Examiners, were unanimously granted a certificate to practice medicine and surgery in the State:

G. A. Anerswald, M. D., San Diego, St. Louis Medical College, Mo., March 5, 1880.

Eudolphin C. Armstrong, M. D., Santa Ana, Womens' Medical College, Penn., March 11, 1869.

Rhodes W. Bunnell, M. D., San Francisco, Medical College of Ohio, Cincinnati, O., March 1, 1848.

H. H. Cook, M. D., Auburn, Medical College of Ohio, Cincinnati, O., March 1, 1871.

Geo. W. Daywalt, M. D., San Francisco, Medical Department University of Tennessee, February 26, 1884.

Paul De Groot, M. D., San Bernardino, University of Liege and Brussels, Belgium, April 2, 1864.

Shelby Martin Dodson, M. D., Santa Clara, St. Louis Medical College, Mo., March 4, 1864.

Chas. C. Yorhum, M. D., San Diego, St. Louis Medical College, Mo., March 3, 1887.

Bartlett Yancy Harris, M. D., Eureka, College of Physicians and Surgeons of Chicago, Ill., February 28, 1888.

Theron White Horton, M. D., Earlham, Medical Department University, Keokuk, Iowa, February 10, 1863.

J. M. Hurley, M. D., San Bernardino, Cincinnati College of Medicine and Surgery, Ohio, June 19, 1865.

Martin B. Kellar, M. D., San Diego, Miami Medical College, Ohio, March 1, 1868.

Louis George Le Beuf, M. D., Los Angeles, Tulane University of Louisiana, March 30, 1887.

William McMaull, M. D., Traver, Medical Department University of Wooster, Cleveland, O., July 3, 1884.

John D. Meng, M. D., Oakdale, College of Physicians and Surgeons, Keokuk, Iowa, June 14, 1877.

Charles Edwin Parent, M. D., Dunsmuir, Bishops College, Montreal, Canada, March 31, 1885.

Willis J. Peak, M. D., Pomona, St. Louis Medical College, Mo., February 22, 1861.

Jas. J. Powers, M. D., Tulare, College of Physicians and Surgeons, Baltimore, Md., March 1, 1881.

Elbert Pinney, M. D., West Los Angeles, Starling Medical College, Columbus, Ohio, February 22, 1848.

John Ellis Rodley, M. D., Chico, St. Louis Medical College, Mo., March 2d, 1881.

Howard W. Searight, M. D., Folsom, Medical Department Western Reserve of Cleveland, O., March 14, 1882.

E. C. Thatcher, M. D., San Diego, University of Pennsylvania, Penn., March 14, 1886.

Fy. Watanable, M. D., San Francisco, Medical Department University of California, November 15, 1887.

Phineas S. Watson, M. D., San Jacinto, Cincinnati College of Medicine and Surgery, Ohio, February 21, 1882.

Clarence Alfred Weagant, M. D., Rialto, McGill Collge, Montreal, Canada, March 31, 1879.

Cecil Ernest Wasgatt, M. D., Los Angeles, Bowdoin Medical College, Maine, July 13, 1882.

W. A. Whitlock, M. D., San Jacinto, Medical Department University of Tennessee, February 24, 1885.

WM. M. LAWLOR, M. D., *Secretary*.

SAN FRANCISCO, April 16, 1888.

The following persons, having complied with all the requirements of the law and regulations of the Board of Medical Examiners, were unanimously granted certificates to practice medicine in the State:

Ben. Turner Burton, M. D., Fresno City, Medical Department Williamette University, Or., April 27, 1880.

D. D. Hunt, M. D., Los Angeles, University of Michigan, Mich., March 29, 1871.

James H. Pleasants, M. D., West Fall Brook, Missouri Medical College of St. Louis, Mo., March 13, 1873.

Clarence B. Putman, M. D., San Diego, Missouri Medical College of St. Louis, Mo., March 6, 1883.

Thos. D. Ross, M. D., San Francisco, Detroit College of Medicine, Mich., March 12, 1888.

Grier W. Wheeland, M. D., Los Angeles, Rush Medical College, Ill., February 16, 1875.

Emily L. Yeargain, M. D., San Francisco, Medical Department Williamette University, Or., June 11, 1879.

WM. M. LAWLOR, M. D., *Secretary*.

At the regular meeting of the Board of Examiners, held May 4, 1888, the following physicians were granted certificates to practice medicine and surgery in this State :

Daniel B. Amick, M. D., Oceanside, Medical Department Willamette University, Or., April 9, 1888.

Richard Henry Burke, M. D., San Francisco, Rush Medical College, Ill., February 20, 1883.

Jane Steele Divine, M. D., Los Angeles, Woman's Medical College of Pennsylvania, Penn., March 17, 1887.

Hiram Barber Ehle, M. D., San Francisco, Rush Medical College, Ill., February 23, 1888.

Virginus W. Gayle, M. D., Santa Ana, University of Maryland, Baltimore, Md., March 1, 1873.

Jacob J. Houston, M. D., Moore's Station, University of Louisville, Ky., February 28, 1859.

Wm. Russell Lewis, M. D., San Buenaventura, Rush Medical College, Ill., February 17, 1874.

Carl Lewis Müller, M. D., Nevada City, Jefferson Medical College, Penn., April 4, 1868.

John Ridley Nott, M. D., San Luis Obispo, Royal College of Physicians and Surgeons, Edinburgh, Scotland, July 16, 1887.

Chas. Tebbs Pepper, M. D., Los Angeles, Jefferson Medical College, Penn., March —, 1869.

John B. Renshaw, M. D., Lakeport, Medical Department Tulane University, La., March 28, 1888.

James Sherborn, Riggs, M. D., Redlands, College of Physicians and Surgeons, Chicago, Ill., March 13, 1883.

Francis Manon Pfsonsgle, M. D., Fresno (second certificate), Medical Department Wooster University, Cleveland, O., February 27, 1879, and Long Island Hospital College, N. Y., June 3, 1885, and Bellevue Hospital Medical College, March 15, '85.

Wm. Chas. Aug. Thiele, M. D., Los Angeles, College of Medicine of the University of Southern California, April 11, 1888.

George W. Stephenson, M. D., Yountville, Missouri Medical College, Mo., March 3, 1887; College of Physicians and Surgeons, Keokuk, Ia., February 14, 1878.

Geo. W. Stratton, M. D., Nicolaus, Missouri Medical College, Mo., March 6, 1888.

Geo. E. Wright, M. D., San Diego, Kansas City Medical College, March 16, 1886.

R. H. PLUMMER, *Secretary*,
652 Mission street, S. F.

BOOK REVIEWS.

LECTURES ON DISEASES OF THE HEART, delivered at the College of Physicians and Surgeons, New York. By ALONZO CLARK, M. D., LL. D., Emeritus Professor of the Principles and Practice of Medicine, etc. Being a volume of Treat's Medical Classics. New York: E. B. Treat & Co., 771 Broadway. 1887. For sale by Stoll & Thayer, 3 S. Spring street, Los Angeles, Cal. Price \$1.25.

This is an old-fashioned book, by an old-fashioned practitioner, who had no faith in micrococci and such modern inventions. But it is undeniable that these gentlemen of the old school frequently possessed great diagnostic acumen and a thorough acquaintance with the resources of therapeutics. Alonzo Clark was a noted specimen of his class, and this little work from his pen is worthy of attention in that it gives, with unstudied eloquence, and in a practical form, the fruits of his labors in his favorite field. We would like to direct attention especially to the remarks on auscultatory percussion. (pp. 34-36.)

THE PRACTICE OF MEDICINE AND SURGERY, APPLIED TO THE DISEASES AND ACCIDENTS INCIDENT TO WOMEN. By H. W. BYFORD, A. M., M. D., Professor of Gynecology in Rush Medical College, and of Obstetrics in the Woman's Medical College; Surgeon to the Woman's Hospital of Chicago, etc., and HENRY T. BYFORD, M. D., Surgeon to the Woman's Hospital of Chicago; Gynecologist to St. Luke's Hospital, President of the Chicago Gynecological Society, etc. Fourth Edition, revised, rewritten and very much enlarged, with 306 illustrations. 820 pages. Philadelphia: P. Blakiston, Son & Co, 1012 Walnut street. 1888.

The venerable Chicago gynecologist has made so many important alterations in this edition of his book that we may fairly consider it a new work.

Among the most striking features of the book are the pages on what may be termed the *clinical* anatomy of the female pelvis. We are told with great precision just how to palpate all the organs that can be reached, including even the muscles. No work with which we are acquainted contains such a lucid account of this subject as Professor Byford's.

The possibility of feeling the ureters is frequently denied. We are told (p. 78) that in seventy-five consecutive gynecological cases, at least one ureter was recognized in every patient.

Perineal laceration is one of B.'s favorite subjects. He finds twenty-three varieties which he carefully describes with the aid of diagrams. While the wisdom of making such a minute division may be doubted, yet to-day but few will be found to dispute the deductions made from his studies.

"The reason why the immediate operation has shown so unfavorably," he says, "is because of poor surgery. *Superficial parts alone have been united*, edges have been pared so that subsequent retraction has drawn upon the stitches, proper coaptation has not been attempted, and the wound, though in an unfavorable place for cleanliness and aseptic treatment, has not received even the ordinary attention given to wounds in other parts of the body. Let the care be given that Charpentier recommends for those not sutured, and the results will give no cause of complaint."

From the remark that it is "as a rule, useless to sew a perineum upon which the head has impinged for hours", we must dissent. If such lacerations are trimmed and closed with chrome catgut, taking the greatest care to make and keep the wound perfectly clean, we know that they almost invariably heal. Indeed, under antiseptic precautions, where are the wounds that will not heal?

For inversion of the uterus, B. advocates the very simple and efficient plan of reduction by distending the vagina with a rubber bag. After reading the case treated by him, we are disposed to wonder at the slight attention paid to this method by gynecologists.

The indications for Battey's operation are discussed with all our author's usual good sense.

"The final position of the profession must come as the result of an earnest and sober estimate of collected facts; *sentiment should play no part in the matter*. The attempts to settle this question by facetious reveries as to the value of the ovaries and supercilious flings at gynecologists have become monotonous and contemptible. Until sufficient knowledge, derived from careful observation, is obtained to guide the practitioner definitely to unimpeachable conclusions, we must do as the members of the profession have heretofore always been obliged to do—be governed by what light we have."

Antisepticism is commended with no uncertain sound. With true American shrewdness, this system is favored, not because of the results of statistics, or from theoretical reasoning, derived from the action of antiseptics on germs, as observed with the aid of the microscope, but from his own observation:

"While there has been a very marked change for the better since adopting the antiseptic method, I think my mind has been influenced in coming to a conclusion favoring antiseptic practice by the appearance of the wound. . . . There is no question about the effects of the dressing; when properly managed, there is no smell, no pus and no ulceration. It heals without any evidence of decreased vitality in the part. . . . The antiseptic process has about done away with the clamp and with primary drainage."

Professor Byford's book is an able and conscientious record of a long and honorable career in gynecology, and as such we commend it to our readers.

THE LANGUAGE OF MEDICINE. A Manual giving the Origin, Etymology, Pronunciation and Meaning of the Technical Terms found in Medical literature. By F. R. CAMPBELL, A. M., M. D., Professor of Materia Medica and Therapeutics, Medical Department of Niagara University. New York: D. Appleton & Company. 1888.

The author avows in the preface that the object of this work is to provide the medical student with a suitable means of acquiring the vocabulary of his science, and as such there is abundant reason for its preparation and publication. Besides giving the origin and declensions of the various words in medicine, there is also a pronouncing vocabulary.

"A careful study of the etymology of medical terms would enable us to reconstruct, in a measure, the history of our art, just as the geologist from strata and fossils tells the story of the earth's creation and the development of all the life it now contains." We believe this, or a similar book, should be adopted as a text-book in every medical school in the land, and that its study should be obligatory for all students who had not received a previous classical education.

Take the immense classes at Bellevue, the University of New York, and the Jefferson, and we venture to say three out of four of them know absolutely nothing of the matter contained in this volume, and yet there is not a truth taught in it but what every graduate in medicine should be familiar with.

MODERN TREATMENT OF HEADACHES. By ALLAN McLANE HAMILTON, M.D. Price 25 cents. Geo. S. Davis, Publisher. For sale by Stoll & Thayer, 3 South Spring street, Los Angeles, Cal.

This is number 6 of the Leisure Library Series. The author makes the following classification :

1. Congestive headaches. 2. Anemic headaches. 3. Organic headaches (as a rule, due to structural cerebral changes).
4. Topic headaches (*e. g.*, lithæmic, uræmic, malarial *et al.*).
5. Neuralgic headaches. 6. Neurasthenic headaches.

The work contains a large number of prescriptions and is very practical.

THE HYGIENE OF THE SKIN, OR THE ART OF PREVENTING SKIN DISEASES. By A. RAVOGLI, M.D. Cincinnati: Central Publishing Co. 1888. Cloth; 399 pages. Price \$3.00.

This is an unique and interesting volume. The chapter on anatomy is of usual value, but enters more into the discussion of subjects that are of popular interest than most of

the works on dermatology. He controverts the idea that hot climates produce dark colored people. "The natives of Van Dieman's Land are black, while the natives of a corresponding northern latitude are white; the Malabars, who live in the hottest climate of the globe, are no browner than the Siberians, who live in the coldest; the Dutch, who have resided for more than two centuries at the Cape of Good Hope, have not acquired the sooty color of the native Hottentot, and the Guebres and Persians, who inter-marry with each other, remain white in the midst of the olive-colored Hindoos." The author believes civilization to be the chief factor in deciding color.

Coffee is recommended as a brain stimulant, an assistant to digestion and as a preventive of tissue waste, but for nervous, excitable people, especially those affected with insomnia, tea is advised.

In urticaria, eczema and acne great stress is laid on the diet of the patient and valuable minute details are given for the management of these diseases. Scarification is wisely advised as the chief reliance in acne rosacea. The author devotes considerable space to discussing the use of wines in skin diseases and recommends an American wine, made from Norton's Virginia Seedling, Burgundy and Bordeaux wines and the red Italian wines of Tuscany and Lombardy. He has evidently not tried California Zinfandel, Blau Elbe and Riesling. The great objection to these California wines is their cheapness and purity. An excellent table wine can be bought in Los Angeles, by the cask, for fifty cents per gallon. We trust our author will investigate this subject before the second edition is prepared.

The classification of skin diseases in this book is somewhat peculiar, but the author would forego the title of dermatologist if he did not precipitate upon a long-suffering profession this long-felt want. It is as necessary for the permanent reputation of a dermatologist as the invention of a pair of forceps is to the obstetrician.

This book will make an acceptable addition to a medical library, and bears the marks of much study, experience and literary taste.

THE CUSTOMARY TREATMENT OF THE HAIR, Considered in Relation to the Remarkable Prevalence of Premature Baldness in the United States. Saint Louis: Arthur R. Deacon. 1888.

This neat little monograph takes the identical grounds advocated by Dr. J. P. Widney, in an editorial in the *SOUTHERN CALIFORNIA PRACTITIONER*, for November, 1886. Dr. Widney maintained that the barbarous methods of the hair-dresser, with his alkaline shampooing mixtures, caused baldness, and the *brochure* before us claims that the shampoo is the chief and almost only cause. The latter is written by a layman, which accounts for his assertions being so sweeping. While potash, soda and ammonia shampoo mixtures do, doubtless, injure the hair follicles, yet every physician can name several constitutional causes for baldness.

A COMPEND OF HUMAN PHYSIOLOGY. Especially adapted for the Use of Medical Students. By ALBERT P. BRUBAKER, A. M., M. D., Demonstrator of Physiology in the Jefferson Medical College; Professor of Physiology, Pennsylvania College of Dental Surgery; Member of the Pathological Society of Philadelphia. Fourth edition, revised and enlarged, with illustrations and a table of Physiological Constants. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1888. Price, cloth, \$1.00. Interleaved for taking notes, \$1.25.

This little book, containing 174 pages, is one of the most complete works of the kind we have examined. The description of the blood, the plan of its coagulation, and the outline of the nervous system, in its condensed form, deserves special mention; and to all students desiring a Quiz-Compend on Physiology we can highly recommend it.

THE ESSENTIALS OF MEDICAL CHEMISTRY AND URINALYSIS. By SAM E. WOODY, A. M., M. D., Professor of Chemistry and Public Hygiene, and Clinical Lecturer on Diseases of Children, in the Kentucky School of Medicine. Fourth edition, revised and enlarged, with eighty-four illustrations. Louisville: John P. Morton & Co., Publishers. 1888.

This book is designed especially for medical students, and sets forth, as the name implies, the essential facts on Medical Chemistry and Urinalysis. The first one hundred and ten pages treat of medical chemistry, which the author divides into two classes, the inorganic and organic chemistry. The elements being divided into two classes, the metals and non-metals, the author goes on to treat of the several elements under each of these heads in a very systematic, thorough, yet condensed, manner. The last twenty-two pages are devoted to the study of urinalysis, giving the physical properties of

urine, its chemical constituents, both normal and pathological, and the tests employed for the detection of the various constituents.

As a whole, the descriptions are as brief and concise as is consistent with clearness, and it is a book that can worthily occupy the attention of the medical student; and we venture to suggest that a practicing physician might here and there be found who could read it with advantage.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.

Los Angeles, California.

Month of April, 1888.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN.		
..... 1	30.15	59.0	72.0	49.0	*T	Mean Barometer 30.017.
..... 2	30.05	58.3	72.4	47.0	*T	Highest Barometer, 30.222, date 6th.
..... 3	29.95	56.0	70.0	44.8	*T	Lowest Barometer, 29.472, date 13
..... 4	30.07	57.8	69.0	44.0	T	Monthly Range of Barometer, .350
..... 5	30.16	56.3	69.0	44.0	*T	Mean Temperature 61.9.
..... 6	30.19	57.0	71.0	45.0	.00	Highest Temp'ture, 99.0, date 13.
..... 7	30.10	59.7	72.3	49.0	.00	Lowest Temperature, 44.0, dates 5, 25th
..... 8	29.99	57.7	72.0	44.5	*T	Monthly Range of Temp. 55.0.
..... 9	29.98	56.3	70.0	45.0	*T	Greatest Daily Range of Temp. 43.0
..... 10	30.04	60.7	74.0	48.0	*T	Least Daily Range of Temp. 8.8.
..... 11	30.02	68.0	88.0	45.0	*T	Mean Daily Range of Temp. 23.4.
..... 12	20.94	80.0	97.0	62.5	.00	Mean Temperature this Month
..... 13	29.89	77.3	99.0	66.3	.00	1878..57.8 1882...56.4 1886..57.2
..... 14	30.00	64.3	79.8	57.0	T	1879..58.7 1883..57.3 1887..59.1
..... 15	30.02	60.3	70.0	57.5	.00	1880..55.9 1884..57.2 1888..61.9
..... 16	29.94	60.7	65.8	57.0	.00	1881..64.1 1885..61.9
..... 17	29.99	61.3	67.0	57.0	T	Mean Daily Dew Point, 52.9.
..... 18	30.01	64.7	72.3	56.5	T	Mean Daily Relative Humidity, 75.2.
..... 19	29.95	62.3	74.0	53.0	T	Prevailing Direction of Wind W.
..... 20	29.97	61.3	66.0	57.0	*T	Total Movement of Wind, 4154 miles.
..... 21	30.00	61.7	68.8	57.8	*T	Highest Velocity of Wind and Direction, 28 miles, W.
..... 22	30.02	61.3	67.3	57.8	*.01	Total Precipitation .12.
..... 23	30.04	61.4	69.3	57.5	.08	Number Days .01 inches or more Rain Fell, 3.
..... 24	29.98	59.0	66.0	56.5	.01	Total Precipitation (in inches and hundredths) this month
..... 25	29.97	56.0	67.8	44.0	.02	1878..1.71 1882..1.33 1886..3.32
..... 26	30.03	62.0	75.0	47.0	.00	1879..1.19 1883..1.15 1887..2.36
..... 27	30.10	62.3	77.5	48.0	.00	1880..5.06 1884..3.58 1888..1.12
..... 28	30.05	66.7	86.5	50.0	*T	1881..46 1885..2.01
..... 29	29.96	68.3	90.0	54.0	*T	Number of Foggy Days, none.
..... 30	29.94	61.3	73.5	51.0	*T	" " Clear " 14
..... 31	.....	.....	.....	.....	..	" " Fair " 8
						" " Cloudy " 8
						Dates of Auroras, none.
						Dates of Solar Halos, 1, 2.
						Dates of Lunar Halos, 2d.
						Dates of Frost—Light, none.
						Killing, none.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

The T indicates trace of precipitation.

GEORGE E. FRANKLIN,

Sergeant Signal Corps.

NOTES: Barometer reduced to sea level.

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ORIGINAL.

CEREBRAL SURGERY.

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HALF a century ago the man who voluntarily cut into the peritoneum to operate on any of the abdominal viscera was looked upon as little better than a murderer, and as recently as five years ago he who dared to trephine the skull, incise the meninges, and cut into or remove portions of the brain itself, was ranked as a homicide, but now laparotomy has become a common and comparatively safe operation, and from present indications the day is not far distant when the same can be said of cerebral surgery.

In 1883 Dr. Ferrier, in his address before the Royal Medical and Chirurgical Society, defending his views in regard to cerebral localization, uttered these prophetic words. "In the near future surgeons will deal with serious diseases within the cranium with as much certainty and success as now with intra-peritoneal lesions."

In November of the following year, 1884, Hughes Bennett having diagnosed a tumor near the upper third of the fissure of Rolando, R. Godlee, under his directions, removed a triangular piece of the parietal bone, slit up the dura mater, and then as the ascending frontal convolution bulged into the opening, showing unnatural intra-cranial pressure, an incision about an inch long was made into the brain substance, and at a depth of about quarter of an inch a morbid growth was found and enucleated, which proved to be a hard glioma about the size of a walnut. Hemorrhage, which was quite profuse, was arrested by the galvano-cautery, the wound closed and everything progressed favorably for three weeks when meningitis suddenly developed and the patient died just

one month after the operation. This was the first case on record where a tumor of the brain had been diagnosed, localized and removed, and though the patient died it showed the feasibility of the operation, for his death was not due to hemorrhage or shock, but to meningitis evidently due to septic infection from some blisters on his neck which were discharging pus at the time. This case gave a great impetus to cerebral surgery, so that I have been able to find forty-four cases reported since that time, mostly by American and British surgeons. These are all cases of surgery of the *brain*, and do not include the mere removal of button of bone for recent depressed fractures or for epilepsy, but were undertaken to remove tumors or clots, to excise cicatricial tissue, and to drain abscesses. There were sixteen tumors removed, with seven deaths and nine recoveries, one of the deaths being Godlee's case which died of meningitis one month after the operation. The successful operators were Victor Horsley in three cases, and Wier of New York in two cases, Keen of Philadelphia, Williams of Georgetown, Durante of Italy, and Markoe of New York, each in one. Of the tumors removed, five were gliomata, three fatal and two recoveries; four were sarcomata, one fatal, three recoveries; three tubercular, two fatal, one recovery; one gumma, one fibroma, and two cysts.

The location of the tumor seems to influence the result. In the seven fatal cases the tumor was removed from the cerebellum three times, from the motor region twice, and from the occipital lobe and frontal lobe once each. The two latter died of meningitis, the former died of hemorrhage or shock, while the eight tumors successfully removed were all from the motor region, showing that operations on the cerebellum are much more hazardous than on the motor region. The results of the operations for abscess were much more favorable than those for tumor. Of the thirteen cases operated on ten recovered, and in the three fatal cases the abscesses were only imperfectly drained or the operation was delayed till the patient was almost moribund. When we consider that all of these twenty-nine cases of tumor and abscess were inevitably fatal unless relieved by the surgeon, and that the lives of nineteen of these were saved, we may well be proud of this latest triumph of modern surgery.

There were six cases of trephining for hemorrhage, and in each a clot was successfully removed, and the symptoms, for which the operation was undertaken, relieved. In eight cases no gross lesion was found, though the dura mater was opened and the brain freely incised. In three of these there was decided improvement in the symptoms due probably to the relief of intra-cranial pressure from the escape of lymph and serum. Three others recovered from the operation, but there was no improvement in symptoms, while two cases proved fatal. In one of these at the autopsy an abscess was found, and in the other cystic tumor, which the operator had failed to find on thrusting an aspirator needle into the suspected region.

Four operations for removal of cicatricial tissue from the motor region were all successful in relieving or curing the convulsive seizures for which the operations were undertaken.

In summing up these cases we find that there were ten deaths and thirty-four recoveries, a very favorable showing compared with the early laparotomies, and the statistics of Victor Horsley, surgeon to the National Hospital for Epilepsy and Paralysis, London, are still more favorable than the cases operated on by a score of different surgeons. His first eleven cases show ten recoveries and but one death, and before attacking the human brain he had made numerous successful experiments on the brains of monkeys. As his operations have been more numerous and more successful than those of any other surgeon, I will give a brief *résumé* of his methods. He uses the strictest antisepsis, shaves, scrubs and renders aseptic the entire scalp and operates under the carbolic spray. Shortly before the operation he gives a full dose of morphia, in adults $\frac{1}{2}$ gr., and uses chloroform as the anesthetic, taking pains to use as little as possible. The object of the morphine is to diminish the cerebral circulation and thus lessen hemorrhage. He recommends a large crescentic flap so cut as not to interfere with its principal blood supply, instead of the old-time crucial incision, and reflects the periosteum with the flap. The bone is removed with a trephine, surgical engine and forceps. Several operators have kept the bone warm and replaced it whole or broken up, between the dura and periosteum, as recommended by McEwen, but Horsley thinks it is not essential if there is a large circular flap to shut down over

the opening, like the lid of a box, effectually preventing hernia cerebri. The dura mater is best cut with a pair of blunt scissors, and far enough from the edge of the bone to leave room for sutures, the arteries being ligated before being severed. Catgut is used to sew up the dura mater. The pia mater should be carefully lifted from the cortex and the incision should be made at right-angles to the cortex to avoid needless cutting of arteries and commissural fibers. Hemorrhage should be controlled by pressure with a soft sponge, as the actual or galvano-cautery excites unnecessary inflammation. In his first cases he used a drainage tube for twenty-four to forty-eight hours, but in the later ones has simply left without sutures about an inch of the most dependent portion of the flap, relying on the arachnoid to absorb any excess of serum, and in all of his cases he has secured union by first intention. These directions apply to clean-cut surfaces, such as are left in removal of tumors, cicatricial tissue, etc., and not to abscesses. Horsely keeps his patients in bed from seven to fifteen days, and for the first few days gives them only a liquid diet.

In abscesses thorough drainage and daily washing out of the cavity with warm antiseptic solutions are essential. Silver, rubber and chromicized chicken bones have been used for drainage tubes, but rubber is preferred by most surgeons, as it can be so readily shortened as the cavity fills up. For exploring the brain a narrow-bladed knife is preferable to an aspirator needle, and the incision may be rendered more patulous by inserting the blades of a pair of slim forceps and gently distending them. From this brief description we see that the essentials for success in cerebral surgery are rigid antisepsis and an accurate knowledge of the topography of the skull and its contents. Without attempting a detailed account of the topography of the skull in its relation to the convolutions of the brain, I will give briefly the method for determining a few of the more important landmarks :

The upper end of the fissure of Rolando may be found by measuring from the root of the nose to the occipital protuberance, taking one-half the distance and one-half inch posterior, will be found the upper end of the fissure. Still another way is to measure one and three-quarters inch posterior to the coronal suture. The fissure extends forward and down-

ward at an angle of 67° with the longitudinal sinus which is immediately beneath the sagittal suture. Its lower end is a little above the crossing of two lines, viz., the auriculo-bregmatic, drawn from the middle of the external auditory meatus of one ear to that of the other, and a line from the superior part of the orbit to the parieto-occipital juncture. This latter line corresponds very closely to the horizontal ramus of the fissure of Sylvius, the ascending ramus with Broca's speech-center being found on this same line about one and one-quarter inch anterior to the auriculo-bregmatic line. The prefrontal sulcus, about which are the centers for movement of the head, neck and eyes, lies just posterior to the coronary suture, and parallel with it extending from near the sagittal suture to the temporal ridge. The parieto-occipital fissure very nearly corresponds to the lambdoidal suture. Some operators, after having decided the point at which they wish to center their trephine, puncture the scalp and mark the point on the skull with a lead-pencil.

The localization of an abscess is more readily made than that of an irritative lesion. As when it is due to traumatism we have the external mound and localized pain to guide us. The one other cause of abscess of the brain is suppurative otitis. Barker, after examining a large number of cases of abscesses due to this cause, formulates the following: "A circle three-quarters inch in diameter with its center at a point one and one-quarter inch posterior to the external auditory meatus and one and one-quarter inch above a line drawn from the external angle of the orbit through the external auditory meatus will hit nine-tenths of all the cases of abscesses due to suppurative otitis." This incision exposes the posterior portion of the middle tempero-sphenoidal convolution. A few cases of abscess from suppurative otitis are found in the cerebellum and to determine this an examination of the mastoid foramen will be of great help, for in case of cerebellor abscess, pus or inflammation of the vein is usually found at the mastoid foramen. The point at which to trephine for cerebellor abscess is midway between the mastoid process and the occipital protuberance, care being taken to keep far enough below the superior curved line to avoid the latter sinus.

Appended will be found a table giving a brief outline of the cases which we have collated:

No.	OPERATOR.	DATE	CHARACTER OF LESION.	OPERATION.	RESULT.	REMARKS.
1	R. Weir.	Mar. 1887	Sarcoma of cuneus. wt. 5¼ oz.	Removal of tumor. Wound packed with gauze.	Death. ..	Hemorrhage profuse and cause of death 9 hours after operation.
2	M. J. Roberts... G. Hammond.	Mar. 1887	3 Cysts occupying centers for leg, arm & face.	Brain freely explored with aspirator needle, but no lesion found.	Death. ..	Patient very low when operation was undertaken & died of shock. 3 cysts found at autopsy.
3	Dr. Suckling. ... Jordan Lloyd.	Mar. 1887	Glioma of left and middle lobe of cerebellum.	Tumor only partially removed. Hemorrhage profuse.	Death. ..	Patient never rallied from operation. Died of collapse 48 hours afterward.
4	Victor Horsley.	June 1886	Tubercle of ascending frontal and parietal convolutions.	Tumor removed by incision.	Recovery	Was having constant fits before operation. Had 8 slight spasms in 3 months; none since.
5	R. Weir.	Nov. 1887	Sarcoma size of almond in face and arm centers.	Brain incised to depth of 1 in. and tumor enucleated.	Recovery	Decided improvement in symptoms, but patient died a few mos. later.
6	Keen.	Dec. 1887	Fibroma of face, arm & leg centers.	.....	Recovery	A clot formed after operation, but was emptied out.
7	Bennett May. ...	Aug. 1886	Tubercle of cerebellum.	Skull removed to right of median line, bet. foramen magnum and superior curved line.	Death. ..	Patient very feeble before operation. Death from shock within a few hours. Not much hemorrhage.
8	Hughes Bennett R. Godlee	Nov. 1884	Glioma of upper part fissure of Rolando.	Tumor enucleated. Hemorrhage controlled by cautery.	Death. ..	Improvement in symptoms and patient did well for 3 weeks, then encephalitis appeared and he died week later. This the first case on record.
9	Hirshfelder. Morse.	1886	Glioma of frontal lobe.	Tumor large and only part removed.	Death. ..	Died from encephalitis 7th day.
10	V. Horsley.	Sep. 1886	Glioma of right arm center. Wt. 4½ oz.	Hemorrhage controlled by pressure.	Recovery	Decided improvement in symptoms, but death occurred 6 mos. later from recurrence of disease.
11	V. Horsley.	Dec. 1886	Tumor, wt. 4¼ oz., in right hand center of cortex.	Operation after Horsley's usual method.	Recovery	Relief of headache and fits for which operation was undertaken. Paralysis unimproved.
12	V. Horsley.	Dec. 1886	Tubercular tumor of cerebellum; wt. 7 drms.	.....	Death. ..	Died 19 hours after operation, from shock. Patient very feeble before operation; bedridden for a year.
13	Williams.	June 1887	Gumma of dura over middle of ascending frontal convolution.	Removal of degenerating tumor, dura and a portion of softened cortex.	Recovery	Decided improvement in paralysis and cessation of spasms.
14	Durante.	May 1884	Sarcoma of dura over left frontal lobe. Wt. 2¼ oz.	Tumor and adherent dura scooped out. Hemorrhage slight.	Recovery	Sense of smell and memory and ability to walk entirely regained in 3 months.
15	Wier.	Oct. 11, 1886	Sarcoma of pia mater over medulla and cord. Not found till autopsy was made.	Brain tissue from upper part of fissure of Rolando removed, as it bulged into opening.	Recovery	Death occurred about 3 mos. after operation. Headache was relieved by diminishing the intra-cranial pressure.

N ^o .	OPERATION.	DATE	CHARACTER OF LESION.	OPERATION.	RESULT.	REMARKS.
16	Markoe.....	June 1887	Cyst containing 2 solid bodies in region left ascending frontal convolution.	Depressed bone from old injury and cyst removed.	Recovery	Complete relief from fits and headache. Recovery in 15 days.
17	W. Stokes		Abscess.....	Opened 1 inch anterior to coronal suture a little to left of mesial line. 1½ oz. pus removed.	Recovery	Abscess result of a traumatism.
18	W. Stokes.		Abscess.....	No pus reached by incisions.	Death. ..	At autopsy abscess was found.
19	V. Horsley.	Dec. 1887	Abscess in sup. temporo-sphenoidal convolution.	About 5 drms. of pus removed and drainage tube left in.	Recovery	Abscess from suppurative otitis media.
20	D. Harrison	Dec. 1887	Abscess in left ascending frontal convoluti'n.	Dura incised & pus reached at 1¼ inch. Over ½ oz. removed.	Recovery	Abscess from traumatism 11 years before and a recent blow in the same locality.
21	MacEwen. .	Jan. 1887	Abscess of temporo-sphenoidal lobe.	Opening made ½ in. behind & 1 in. above external auditory meatus.	Recovery	Large amount of pus removed, and it continued to ooze through drainage tube for several days.
22	Gowers. Barker.	Oct. 1886	Abscess of post. portion of middle temporo-sphenoidal convoluti'n.	About an ounce of pus removed and drainage tube left in.	Recovery	Abscess from suppurative otitis media.
23	J. Ashurst.....	Feb. 1888	Abscess.....		Death. ..	Abscess was only partially drained. Death on 3d day after operation.
24	Ceci.....		Abscess, causing left hemiplegia.	Operation in right parietal region.	Recovery	Complete recovery from the hemiplegia.
25	O. W. Maher... 1885		Abscess following compound fracture right frontal bone	Drainage tube and irrigation Copious discharge of pus.	Recovery	Hemiplegia and convulsions disappeared; recovery rapid.
26	Wier.....	Nov. 1886	Abscess from injury to left frontal bone 6 years before.	Incision just above left eye brow; 2 drms pus removed.	Recovery	Cavity packed with gauze. Relief from the pain and convulsions.
27	Von Bergmann. 1886		Abscess from bullet wo'd in right temporal region.	Operation lower third right fissure Rolando. No pus found at operation.	Death. ..	After operation, 3 and 5 days, abscesses discharged thro' opening; at autopsy a 3d abscess was found.
28	Wilson.....	July 1887	Abscess from injury to right frontal bone.	Operation 1¾ in. from coronal suture and median line; 3 oz. of pus removed.	Recovery	Complete recovery from convulsions and paralysis of arm and leg; but slight strabismus remained.
29	Schede.. Truckenbrodt.		Abscess from suppurative otitis media, causing aphasia and facial paralysis.	Operation thro' mastoid bone; abscess size of small orange; drained.	Recovery	Complete recovery from paralysis and aphasia in 4 months.

N ^o .	OPERATOR.	DATE	CHARACTER OF LESION.	OPERATION.	RESULT.	REMARKS.
30	T. Stoker.	June 1887	Hemorrhage from middle meningeal following injury from a fall.	A large clot was removed from over the centers for face, arm and leg.	Recovery	Entire relief from the convulsions and paralysis.
31	C. B. Ball.	Sep. 1887	Clot from pen knife stab, causing aphasia.	Clot removed from 3d frontal and superior temporal convolutions.	Recovery	Rapid and complete recovery from the aphasia.
32	Davies Colley ..	Mar. 1888	Hemorrhage from middle meningeal artery following injury from a fall.	Clot 3 by $\frac{3}{8}$ in. removed from right temporal region; cavity washed out.	Recovery	Steady improvement with no untoward symptoms.
33	MacEwen....	Mar. 1879	Hemorrhage 6 days after fracture of skull, causing paralysis.	Opening posterior to coronal suture in temporal bone; dura incised and clot removed.	Recovery	
34	Armstrong.		Hemorrhage 2 mos. after injury to forehead, causing paralysis of leg and arm	Middle frontal convolution exposed; dura incised and a large amt of fluid blood evacuated.	Recovery	Paralysis was relieved at once, and a speedy recovery from the operation followed.
35	Schneider.		Hemorrhage from stab wound of middle cerebral artery, causing aphasia and right hemiplegia.	Clot removed from 3d frontal convolution and 1st branch middle cerebral artery ligated	Recovery	Improvement from the aphasia and paralysis slow, but was eventually complete.
36	V. Horsley.....	May 1886	Scar tissue from depressed fracture causing epilepsy beginning in right leg.	Removal of cicatricial tissue from left ascending parietal convolution; mass removed 1 in. by 8-10 x 8-10 inch.	Recovery	Paralysis of leg, but a cessation of the fits which were recurring at the rate of 200 or more daily.
37	V. Horsley.	July 1886	Fracture of skull, causing epileptiform attacks and slight paralysis of right arm & face.	Removal of depressed bone and surrounding brain tissue from posterior end of superior frontal sulcus.	Recovery	Paralysis improved and cessation of convulsions.
38	Hare.	Jan. 1888	Arrested development of arm and leg from injury to brain in infancy.	Removal of cortex from leg and arm centers.	Recovery	Slight improvement in leg and arm.
39	V. Horsley.	Oct. 1886	Irritation in facial center, causing spasm of left side of face.	Facial center determined by faradism and cortex excised.	Recovery	Convulsive seizures less severe and less frequent, but still persist.

No.	OPERATOR.	DATE	CHARACTER OF LESION.	OPERATION.	RESULT.	REMARKS.
40	V. Horsley.	Nov. 1886	Cystic cicatrix from injury, causing epilepsy with paresis of sensation and motion.	Patient collapsed and only part of cicatrix was removed from the cortex.	Recovery	Fits less severe and less frequent; sensation much improved; motion but little.
41	V. Horsley.	Nov. 1886	Lesion causing paralysis of right arm and leg and 3 to 14 fits daily.	Brain freely explored by incisions in left motor region, but no lesion found.	Recovery	No improvement in the paralysis, but fits were less frequent and less severe.
42	Hume.	Mar. 1885	Epilepsy due to injury of frontal bone	When dura was incised considerable lymph and serum escaped, but no other lesion found	Recovery	Marked improvement, but not entire relief from epileptic attacks.
43	J. Black.	Mar. 1887	Diagnosis of abscess of temporo-sphenoid lobe from suppurative otitis media.	Brain freely incised, but no pus or other lesion found.	Recovery	No improvement in symptoms, but ultimate recovery.
44	J. A. Bloxam, ..	Nov. 1885	Injury from blow, and clot or abscess suspected.	Dura opened & Brain freely incised; considerable serum escaped, but no lesion found.	Recovery	Improvement in compression symptoms.

237 South Spring street.

ANTIPYRETICS AND THEIR USE IN THE TREATMENT OF DISEASE.*

BY EDWIN CARSON, M. D., SAN DIEGO, CAL.

THE remedies and means which we use to reduce the temperature of the body, when it becomes dangerously high, may be divided into two classes: First, those which lessen the production of heat; and, second, those which increase the loss of heat. Since the constant temperature of the body depends upon the proper balance between the amount of heat produced within the human economy and the amount given off by it, this seems to be a rational division of the subject. We know in a general way that there are many causes by which the speed of the mechanism of the vital forces is accelerated; the fabric and frame are being consumed too rapidly; and unless something is done to check the too active combustion and

* Read before the San Diego County Medical Society, May 23, 1888.

slow down the raging fires, the process in many cases only terminates with the existence of the individual. The antipyretics in most general use, which lessen the production of heat, are quinia and its alkaloids, salicin, salicylic acid, salicylate of soda, kairin, antipyrin, alcohol, digitalis and aconite, and they abate the pyrexia by checking tissue metamorphosis. Those which reduce the temperature by increasing the loss of heat are sudorifies, venesection and the cold bath, cold affusions, the wet pack, etc., which abstract heat directly from the body.

In most cases of hyperpyrexia it is the aim of the physician to administer something that will antagonize the superoxidation of the tissues without dangerously depressing the heart's action or causing distressing gastric disturbance.

In the domain of febrifuges quinia seems to have ascended the throne and become a kind of therapeutic despot whose power there are few to dispute. Doubtless the question of reducing a high temperature in typhoid fever is one that has presented itself to the mind of every practitioner. Of all the drugs used for this purpose, the late Dr. Austin Flint gave quinia the preference and advised its use in large doses — one or two scruples — before the evening exacerbation. Another doctor hands down his opinion to an inquiring posterity in thiswise: "I know of no disease in which quinine can do so little good and so much harm as typhoid fever." Dr. Hutchinson, the eminent author of the article on this disease in Pepper's "System of Medicine," recommends the use of two or three grains of quinia four times a day, in very mild cases. A terse and dogmatic writer on the subject of antipyretics and continued fevers refers to typho-malaria as a "bastard malady born on the banks of the Chickahominy, whose untimely end is near at hand," and declares that quinia is utterly worthless in its treatment. In looking over some statistics of typhoid fever I find that in 178 cases that were treated at the New York Hospital, covering a period of nearly eight years, of forty-six cases in which quinine alone was used, forty-three recovered and three died, and of twelve cases treated with antipyrin alone, eleven recovered and one died.

This latter drug, antipyrin, a product of synthetic chemistry, introduced four years ago, is one of the latest additions to the class of remedies now under consideration, and from

the very large number of reports of cases on record they are almost unanimous in rendering a favorable verdict. My experience in its use has been too limited to allow me to formulate any positive opinions regarding its action, but it is asserted to be valuable in most all febrile conditions—to act positively and safely. It has risen rapidly in the esteem of medical men and seems now to have about reached the zenith of its usefulness for the journals have lately contained quite a number of reports of cases that have exhibited toxic symptoms from its use and its reputed applicability to all pyretic phases is apparently the view of a too ardent enthusiast. Kairin is a powerful antipyretic, producing profuse diaphoresis and subsequent cooling of the body heat by evaporation. Doubtless the most rapid and certain method we possess for the reduction of high temperature is the application of cold to the surface of the body as the cold bath, the wet pack or cold sponging; but on the score of inconvenience and popular prejudice against the cold bath it is rarely used; for woe betide the doctor to whose patient any unfavorable symptoms come, it matters little how long after the bath, the friends will attribute them to it.

The pack and sponging are more easily used and meet with less resistance from family and friends. I have seen the hyperpyrexia of scarlet fever treated by cold baths in hospital practice, with the happiest results. Aside from the aromatic series of carbon compounds there are those remedies which reduce temperature through the arterial system, at the head of which list stand aconite and veratrum viride. They are indicated and valuable where there is sthenic arterial excitement accompanied by great body heat, as for instance in pneumonia, pleurisy, pericarditis, peritonitis, tonsillitis and the ephemeral fevers of childhood; and they are contra-indicated in all adynamic conditions and gastritis.

Alcohol antagonizes the fever process, both by checking tissue metamorphosis and by dilating the superficial arterioles, thus lowering the body heat by increased evaporation. But this substance finds a more general application as a stimulant, to enable a weakened heart to tide over an emergency or to counteract the profound impressions of animal poisons than as an antipyretic. We also find digitalis put down by some writers under the head of remedies that reduce fever,

and so it does in some cases, but it finds a more appropriate field for its action in a case of diminished heart power or one of cardiac valvular lesion. Opium, by its tranquilizing effects upon the nervous system, acts as an antipyretic, as is oftentimes demonstrated by the use of Dover's powder in typhoid fever. The desired result will not be obtained in every case, but in a great many its action in this respect will be most gratifying and efficient.

It is not intended, nor is it possible, to treat a subject so comprehensive as this, by this dissertation, in all its details and ramifications; for I have selected only those modes and remedies which are most acceptable and efficient and touched upon their most salient points.

A summary of this subject leads us to the consideration of the question, Does fever cause a destruction and wasting away of the body tissues in proportion to the height of the temperature range? The increased amount of urea in the urine, the emaciation and loss of body weight, all tend to answer this query in the affirmative. Then if we believe such to be the case we are certainly justified in resorting to antipyretic means to reduce the fever range. It is doubted by some whether a temperature of 106° or 107° causes any serious injury to the body or produces those destructive changes in the blood and organs which are said to occur. Dr. A. L. Loomis says, "In a series of cases of typhoid fever of low temperature which have come under my observation lately, in which the ratio of mortality was unusually high, I was surprised at the development of so many of those very grave symptoms which I have been accustomed to regard as due to the effects of high ranges of temperature; from these and similar observations in other acute diseases I have come to the opinion that there is no necessary relationship between the other febrile symptoms and temperature range." Another question that we ask ourselves is, How much good do we expect to do our patient by the use of antipyretics, and is there any danger in their administration?

Of course we all know that we are not controlling the disease by simply reducing the fever, but if by so doing we quiet the disturbed nervous system, tone down the action of the excited heart, and render the general condition more comfortable, we are doing good by mitigating the severity of the

attack. But I do not think we are justified in the prolonged use of heroic doses or extreme measures in a vain attempt to reduce the body heat; for such prolonged attempts will produce more nervous prostration and cardiac weakness than would have been caused by the high temperature.

In conclusion I would say, that when the experimenters in bacterial pathology shall have discovered and identified the particular micro-organism that exists as the primal irritative cause of fever, then we will be able to turn to our *materia medica* and select the remedy that will most effectually destroy the obnoxious intruder.

A BALLAD OF THE SERVICES (1887).

“And so in toil, yet not in weariness, they pursue their way, sowing seed of which they reckon not whether they shall reap any fruit, content because they are in the path of duty; blest if only they see or think that they minister to the welfare of their fellow-man.”—*Sir James Paget.*

Poets sing of battle's splendor, how their heroes fought and died
For their country, for their freedom, in their youth and manly pride.

Homer chanted deeds of glory, and undying halos flung
Round the gods and men of Hellas, when the world was fresh and young.

Deeds since then of fame and prowess, brightening many a battle-field;
Noble hearts like Spartan victors, fighting sank upon their shield.

But the heroes, few remember when the laurel wreaths are given,
Have in noble duties perished, or in purer pathways striven.

Who in sickness and in sorrow, cheered the soldier on his way,
O'er the burning sands of Egypt, in the tropics day by day?

When the scorching sunlight smote him, when the fever racked his brain,
Who then eased the throbbing temples, cooled his lips, relieved his pain?

When his life's blood quick was gushing, and the spirit near its flight,
Who then stopped the precious fountain, changing darkness into light?

Ah! my brothers, scant the glory we for toil and labor reap;
Yet we'll onward, brave and fearless; let our records angels keep.

In the battle smoke and thunder, facing death with dauntless breast,
Striving in thy sphere and duty, take thy glory—or thy rest.

—*Townataskim. British Medical Journal.*

SELECTED.

HIGHER MEDICAL EDUCATION.

THE subject of Dr. A. Y. P. Garnett's presidential address has attracted considerable attention even outside of the profession, and it must be regarded as a healthy sign that many of the leading daily papers have discussed the question in a most satisfactory spirit. Dr. Garnett disarms criticism by confessing that his suggestions "embrace some very radical and seemingly impracticable changes." They include a compulsory four years' term, for all medical schools, with a good preliminary education. Any college failing to show a greater number than fifty matriculates annually for three consecutive years, to be abolished. An *examining* board for each State and Territory to have the exclusive power of granting licenses to practice. It will readily be seen that in every direction an enormous amount of opposition would be encountered if it were sought to put this scheme into operation. We do not believe that the clause requiring fifty matriculates annually as a test of fitness to exist, is practical or just. Each school should be judged by its results, and its facilities for instruction with its standard of requirements should weigh in the decision. Dr. J. P. Widney, of Los Angeles, in his report to the State Society as Chairman of the Committee on Medical Education, makes some valuable suggestions which have not attracted the attention that they deserve. His scheme is both comprehensive and practical. It would admit of the existence of any number of medical schools, all of which should conform to certain requirements, including a three years' graded course as a minimum. No school would have the power of granting a qualification to practice, this authority being vested in a medical department, connected with the State University, for higher education only, through which the degree of M. D. should be obtained. This plan is really analogous to the system in operation for many years in the old world. There schools are numerous; but the licensing bodies are few, and progress toward a uniform standard of qualification is being made in many quarters. Legislation with this object would be necessarily by each State acting for itself, and special provisions could be incorporated in States where universities, of

which Harvard is a type, exist, excepting them from the operation of the enactment. Meanwhile, the State Society has in contemplation an act providing for a State Board of Examiners, who shall examine every person intending to practice in California. The adoption of this bill will logically carry with it certain professional consequences, but if we are honest and consistent these must be accepted without reservation. We believe that an enactment of this nature would be generally acceptable, and that it will be a material benefit to the public and to the profession.—*Sacramento Medical Times*.

BELOW OCEAN LEVEL.

AN American of wealth who has been traveling in the Holy Land for his health, is to build a hotel and sanitarium on the Jordan not far from the Dead Sea. He ascertained that a bronchial affection was relieved while the barometric pressure was great, as it is twelve hundred feet below ocean level, as it is in the valley of the Jordan or through the Dead Sea, the lowest land on the globe. He followed the depression or wady from near the Red Sea for three hundred miles to Baalbek, and found respiration to be easiest when the atmospheric pressure was greatest, when he was in the deepest ravine. The enterprising gentleman has secured privileges from the Turkish government to build a "Retreat" for the accommodation of tourists, guests, and such curable consumptives as would avail themselves of a comfortable residence far below the ocean's brim. The hotel is to be of aromatic wood—of the "Cedars of Lebanon," which grow in abundance on the ridges of the grand declivity; and the proprietor proposes to obtain the freshest of water from the snows of Mt. Hermon.

If the enterprise proves a success, and there be anything curative in the respiration of below sea level air, it will not be long before the "depression" in Southern California is utilized for the same or kindred purposes. The lacustrine bed near the Southern Pacific railway is between three and four hundred feet below the surface of the Pacific Ocean, and is the lowesst land on the continent of America. An advantage of the position is that it is accessible by rail, while all other "depressions" below ocean level are difficult to reach.

The Caspian "depression" is too slight to be significant, it being less than a hundred feet below the Black Sea. The shores of Lake Assal, in Abyssinia, are between five and six hundred feet below the surface of the Red Sea. There are restricted areas in the desert of Sahara which sink below the sea level, but are inaccessible and uninhabitable. Mr. Sully, the millionaire referred to, is to introduce fish and hatcheries into the tributaries of the Jordan, and in many other ways provide food, comfort, entertainment and amusement for such patrons of his contemplated hostelrie as delight in fishing, hunting and out-door sports.—*Eclectic Medical Journal*.

THE NEW MEDICAL STUDENT.

DR. T. B. HARVEY of Indianapolis, Dr. John M. Gray of Noblesville, and Dr. J. I. Rooker of Castleton, met at the New Denison Hotel recently, says the Indianapolis *Journal*, and began recalling incidents in their student life at the Ohio Medical College at Cincinnati. In the course of the conversation a story was told about how Dr. Hawn, late Secretary of State, matriculated. The joke, it is said, was one Dr. Hawn would sometimes tell on himself, and one over which he always enjoyed a hearty laugh. Harvey, Gray and Rooker had been in the college for some time when Hawn came down to Cincinnati. He was then a stockily-built young Hoosier, with a remarkably strong frame, on which he afterward placed about three hundred pounds of flesh. The verdure of Hawn was rather cheerful, and the boys soon found that he had recently added the word "matriculate" to his vocabulary. He used the word frequently, both on and without occasion, and was so anxious to matriculate that the boys told him they would not require him to wait until the regular date, the succeeding Monday. A party was formed about the sturdy youngest, and started up Vine street to cross the canal, going over the Rhine, as it is called. Just beyond the canal there was a large packing-house, which happened at the time not to be operating. The proprietor, a big jolly fellow, was present, and when the boys told him they wanted to matriculate Hawn he readily fell in with the scheme. The young man was taken into the private office, stripped to the buff, and then

escorted through such of the various instruments of dressing a hog as would not hurt him. One of these consisted in bandaging his ankles and swinging him up head down with a gambrel stick, where he was properly doused with cold water and scraped. After it was all through the boys took Hawn to the scales, weighed him, gave him a lading receipt, and took five dollars as the matriculation fee, the money being applied to a continuation of the ceremonies, in which the jovial Hawn participated with happy abandon and an occasional whoop.

COLCHICINE POISONING.

M. HOUDE, a Paris pharmacist, while experimenting with crystallized colchicine, accidentally swallowed a quantity of a solution estimated to contain several centigrams of the active principle. He abstained from all treatment, and observed the effects. They were characteristic. Five hours after taking the colchicine he began to experience intense headache, with a feeling of heaviness on the stomach, which he compared to the pressure of a forty-pound weight. Vomiting next appeared, recurring fifteen times, and consisting successively of alimentary, mucus, and bilious matters. Alternating with these, violent purgings were experienced, repeated some twenty-five times during the night, and composed of semi-liquid, horribly fetid stools, preceded by colic and painful tenesmus. The whole was accompanied with profuse sweating, tremors, cold and numbness in the extremities. Finally, overcome with fatigue, and nearly swooning, the patient went to sleep. He felt very weak for several days, but recovered without treatment.

GRAVITY AS AN EXPECTORANT.

UNDER this heading the *Polyclinic* says: "In cases of pneumonia where there is great embarrassment of breathing from accumulation of secretion in the bronchial tubes, great benefit may often be derived by inverting the patient and having him cough violently while in this position. It is easily accomplished by a strong assistant standing on the patient's

bed, seizing the sick man's ankles, turning him with his face downward, and then lifting his feet four or five feet above the level of the mattress. If the patient, with his face over the edge of the bed and his legs thus held aloft, will cough vigorously two or three times, he will get rid of much expectoration that exhaustive efforts at coughing failed to dislodge when not thus aided by gravity. Life has been saved by repeated performances of this maneuver in pneumonia accompanied with great cyanosis due to inundation of the bronchial tubes with mucus secretion. It, of course, will have no effect on the exudate in the vesicles. Gravity is of no value in a similar way in emptying the lungs of mucus during etherization."

MORTALITY FROM CHOLERA IN FRANCE AND SPAIN.

M. MAHE has published in the *Annales d'Hygiene* elaborate statistics of the recent cholera epidemic. In France the number of deaths from the disease in 1884-85 exceeded 13,000, which gave 1 death in 3,000 inhabitants. In Italy 30,000 persons succumbed, or 1 in 900 of the population. Spain gave a much higher mortality, 180,000, or 1 in 100. Thus it is computed that the three countries lost 220,000 inhabitants out of 600,000 attacked during those two years, and the material loss in one way or another exceeded twenty million sterling.

PTOMAINES.

PTOMAINES are divided into two classes: those containing oxygen, and those which do not contain this element. Among the most important members of the second class are the following:

Collidine.— $C_8 H_{11} N$, discovered by Nencki, in 1876, in gelatine allowed to putrefy with infusion of pancreas.

Parvoline.— $C_9 H_{43} N$, discovered by Gautier, in 1881, as a product of the putrefaction of fish. Parvoline is an oily base, of amber color, and boils at $200^{\circ} C$. It is slowly soluble in ether, alcohol and chloroform.

Hydrocollidine.— $C_8 H_{13} N$, discovered by Gautier and Etard, in 1882, also from putrid fish. It is an oily liquid, boiling at

210° C. It is very poisonous, 7 milligrams being sufficient to kill a pigeon. Death is preceded by nervous excitement and tetanic convulsions.

Base.— $C_{17}H_{38}N_4$, discovered by Gautier and Etard, in 1882. It is not poisonous.

Base.— $C_{10}H_1N$, discovered by Guareschi and Mosso, in 1883, in putrid beef. It is not poisonous, or is so only in a very large quantity.

Neuridine.— $C_5H_{14}N_2$, discovered by Brieger, in 1884. It is wholly inert and its importance depends upon its presence in nearly putrid matter upon the fact that it gives all the general alkaloidal reactions, and for this reason may be mistaken for some vegetable poison by the toxicologist.

Tyrotaxon.— $C_6H_5N_2$, discovered by Vaughan, in 1885, in poisonous cheese, and found by himself and others later in milk, ice cream, custard, cream puffs, etc. This is a highly poisonous body, producing nausea, vomiting, collapse and death.

Cadaverine.— $C_5H_{16}N_2$, also discovered by Brieger, in the cadaver. It is inert.

Putrescine.— $C_6H_{12}N_2$, also discovered by Brieger, is not poisonous.

Mydaleine.—The chemical composition of this ptomaine has not been determined. It dilates the pupils and elevates the temperature from one to two degrees when injected under the skin.

Among the oxygen containing ptomaines the most important are:

Neurine.— $C_5H_{13}NO$ contracts the pupil, lessens the respirations, hastens the action of the heart, causes profuse diarrhea and the involuntary emission of urine.

Choline.— $C_5H_{15}NO_2$, is found in small quantity in the bile as well as in putrid matter. It is less powerful in action than Neurine, which it resembles.

Gadinine.— $C_7H_{16}NO_2$, discovered by Brieger, is not poisonous.—*The Indiana Pharmacist.*

ANTIPYRIN, in doses of fifteen to twenty grains, repeated in two hours, if necessary, is recommended for after-pains.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

AY, THERE IS FRESHNESS FOR YOU!

THE State Medical Society of the immaculate commonwealth of Arkansas—legally Arkansaw, and don't you forget it—have adopted a series of pure and high-toned resolutions, the gist of which is, that they have done the practice of the clergy of that State without hope of mundane reciprocity, and that, notwithstanding the fact that they have thus loaded the clergy with obligations, there has now and then been one who has had the temerity to indorse a quack medicine.

Why single out the clergy? There are, we have been led to believe, a few physicians who agree with Bob Ingersoll and his ilk and attack the church and, while maintaining that they do not believe in a devil, continue to raise the devil generally; yet it would be a surprise if some synodical, ecumenical or conferential body of clergymen were to adopt resolutions singling out the medical profession as doing especial injury to the church. From our observation, we draw the conclusion that there are ten physicians who do not belong to any church for every clergyman who indorses a patent medicine. We would like to know whether every man who voted for this resolution is a church member, or whether the prime movers do not belong to the other party, and whether the resolutions were not adopted in something of the same spirit that would inspire a Republican convention to point with holy horror to the evil ways of the Democrats.

For heaven's sake, leave the poor choir-bedeveled preacher, who, as a rule, has rather a scanty living, alone and attack somebody that deserves it worse. For instance, there is our friend the druggist, to whom we send annually millions of dollars' worth of business, and who sells these same patent medicines with impunity, right before our eyes. Now, if the Arkansaw Society wants to spell reform with a very big R, let it take up this drug question. Or, if that job does not suit, we suggest that it attack the saloon-keepers, who, we suppose, are almost as guilty of wrong-doing as the clergy. There are the bankers, too, they need to be checked by the powerful hand of the Arkansaw Society. We heard of one the other day who employed a homeopath, and of another banker who refused an "all-wool and a yard-wide" regular physician the loan of \$450. Such effrontery needs the paralyzing condemnation of this Arkansaw Society.

Why does the physician do the clergyman's practice for nothing? We answer, for one of the following reasons:

1. Because the clergyman is poor, as he would for any other poor man.
2. Because the physician thinks he ought to help the church that much.
3. Because the physician thinks it policy to do the practice of so influential a man, whose calling takes him where there is much sickness.

We believe that policy is the mainspring in nine-tenths of this clerical gratuitous practice. Physicians do not acknowledge it, even to themselves, and many do not know it, but, nevertheless, it is true. A vestry has rather hard time raising the rector's salary, and here Dr. Brown's bill of \$100 comes in for attending the preacher's darling little Charlie, who died last summer of cholera infantum, and that bill is soon known to every adult member of the flock—and that advertisement indicates another line of policy. You say it does not come in. Why? If the doctor does the gratuitous practice for the first reason, he is doing no more for the clergyman than we are all doing for hundreds of others. If for the second reason, then the doctor expects to get his reward in heaven. If for the third reason, he deserves disappointment.

The physician who did a clergyman's practice through pure, unselfish charity, would at least have charity enough to not remind him of his obligation—

“Who builds a church to God, and not to Fame,
Will never mark the marble with his name.”

Our own profession might employ itself to advantage practicing introspection. From glorious Marion Sims down to the humble cross-roads doctor there have been puffs written for fully as questionable preparations as Ayre's Cherry Pectoral or Jayne's Pills. As a profession we should for a while remember the sage remark about the glass house and stones, and the beam and the mote.

EDITORIAL NOTES.

WE congratulate the medical profession on the recovery—from a severe attack of typhilitis—of Dr. Frank P. Foster, editor of the *New York Medical Journal*. The influence of his kind heart, his eminent scholarship and his ceaseless industry and professional enthusiasm could ill be spared from our ranks.

Dr. Joseph Kurtz, Brigade Surgeon, and Dr. E. R. Smith, Regimental Surgeon, with their Adonisoid figures ornamented by brilliant uniforms, were the bright and shining stars of the Fourth of July parade in Los Angeles.

The editors of some of our extremely nice medical journals are rending their garments over the publication, by some of our pharmaceutical and book-houses, of some excellent medical periodicals. We believe in each journal going on its merits. If D. Appleton & Co., Wm. Wood & Co., or Geo. S. Davis publish a journal of worth we believe it is no less worthy of support because it is published by gentlemen who make money indirectly as well as directly from its publication.

COMPLIMENTARY.—Dr. S. G. Wilson, late of Independence, Iowa, was banqueted in that city by the Buchanan County Medical Society on the eve of his departure for Los Angeles, Thursday, June 21, 1888. The members took occasion to further show their regard for Dr. Wilson by presenting him with an eighteen cell combined Galvanic and Faradic Battery.

Dr. Chas. H. May, 640 Madison avenue, New York city, has been appointed by the Eye and Ear Section of the New York Academy of Medicine, to take subscriptions for an engraving of the late Cornelius R. Agnew. Physicians desiring the portrait will receive it at cost by sending name soon to Dr. May.

MARRIED—Dr. G. L. Hutchinson and Miss Lillie M. Davis were married in Colton, California, June 14th. The SOUTHERN CALIFORNIA PRACTITIONER extends sincere congratulations to the distinguished doctor and the accomplished bride.

Dr. H. T. Goodwin, in the New York *Medical Journal*, recommends cascara sagrada in rheumatism. He used it successfully in several cases where iodide of potash, salicylate of soda and colchicum had failed.

H. H. Warner & Co., the Safe Cure fiends, have been stealing the livery of heaven to serve the devil, by floating themselves on the honorable name and reputation of our good friends, Wm. R. Warner & Co.

Professor Brainerd's article, in the July number of the SOUTHERN CALIFORNIA PRACTITIONER, is the latest and most complete treatise on this subject yet published.

Dr. Francis L. Haynes had three successful laparotomies at the Pacific, 121 Winston street, Los Angeles, during the month of June.

We had in print for the June SOUTHERN CALIFORNIA PRACTITIONER Dr. Plummer's able historical sketch of the growth

of the profession on the Pacific Coast, when we received a telegram from him not to print it, as it was the private property of the State Society, and should only be published in the Transactions. It was too late to comply with our late President's orders, and the consequence is that many of the physicians have enjoyed the well-rounded sentences of President Plummer's eloquent address, who would otherwise never have had that privilege. We probably owe our apology to somebody, but we are sure it's not to our readers. Nor can it be that we owe an apology to the friends of the triune fatherhood of Pacific Coast medicine, the late Drs. Thos. M. Logan, Elias S. Cooper and Henry Gibbons, Sr., whose memories we have thus assisted in enshrining, by means of the "art preservative," in the hearts of the profession of Southern California. We feel very sorry for our friend Dr. Parkinson, of the *Sacramento Medical Times*, who committed the heinous crime of publishing the pith of all the State Society papers before they were printed in the Transactions. If he had been paid for this work all would have been well, but for publishing them without cost to the Society he deserves the withering scorn of every medical poltroon in California.

"TO PREVENT PUERPERAL FEVER", says Carstens, in the *American Lancet*, "let the hands be clean if passed into the vagina and let normal cases alone. Hands are *not* clean if they come from a man's pocket or his gloves. Sublimate tablets should be carried by the physician, and the hands and arms invariably scrubbed thoroughly and soaked in sublimate solution before making an examination."

"MORE than one-half of the disease which embitters the middle and upper classes of the population is due to avoidable errors in diet." So says Sir Henry Thompson. And he might have added, with equal truth, that such errors will never be corrected until our women spend more time learning to conduct a house, and less screeching, "Drink to me only with thine eyes!"

THERE are two ways of treating infantile syphilis, a right way and a wrong way. The right way is by mercurial inunction; the wrong way is any other way.

PROCEEDINGS OF SOCIETIES.

LOS ANGELES COUNTY MEDICAL SOCIETY.

June 8, 1888.

Dr. G. W. Lasher, President, in the chair.

Dr. H. G. Brainerd read a paper on Brain Surgery (see p. 249).

In the discussion following this paper, Dr. Kurtz said the great wonder to him was that, when horses and jackasses and mules and wood-cutters had been operating on the brain, and even removing large portions of it, without fatal results, that surgeons should have stood by in fear for centuries. The doctor reported some cases, showing the impunity with which the brain might be entered.

Dr. E. R. Smith also reported a very interesting case.

Dr. M. F. Price, of Colton, related a case where he opened the skull as a cure for insanity, in further illustration of the safety of cerebral surgery, and the benefits often derived therefrom. A prisoner in the Territorial Prison at Yuma, Arizona, became insane, the insanity taking a suicidal tendency. The patient had to be constantly watched. He refused to eat, and was morose and would not talk. A depression was found in the skull at the left parietal protuberance. It was evidently caused by some injury, the history of which could not be ascertained. Dr. Price decided that the only hope for the man's recovery lay in an operation for the removal of the depression, and the relief of the pressure on the brain. He accordingly operated, removing two buttons of bone with the trephine, about one and one-eighth inches apart, and sawed out the intervening bone. The brain substance was found to be healthy. A semi-circular flap was made in the scalp, and after the removal of the bone this flap was laid down, held in position with but one suture. A horse-hair drainage was laid entirely across the wound. The operation was performed under bichloride irrigation (1 to 2000), and the wound dressed antiseptically. The dressings were removed the eighth day, and the wound was found healed by first intention, excepting, of course, the track of the horse-hair drainage. This was removed, and the wound redressed as before. At the end of fifteen days it was again examined, and found entirely healed. The results of this operation was an entire

success. The man's mind was entirely restored. As soon as he recovered from the effects of the anesthetic he spoke rationally, and before he was out of bed was reading and freely conversing with his attendants. After the operation he gave a full history of the accident which caused the depression which was removed by this operation. He was injured by the caving of the roof of the Republic iron mine in Michigan, some four years before. The case was seen by Dr. Price some fifteen months after the operation, and the man still continued in his right mind, and had been put to light work about the prison. The wound was closed by a firm cicatricial tissue, which formed a good protection to the brain beneath. In answer to a question, the doctor said there was no hernia cerebra. The brain pressed up into the opening, but not to a level with bone externally.

The following physicians were elected to membership: J. K. Carson, J. P. Wallace, C. D. Ball, Santa Ana; H. W. Fenner, Sarah J. Shuey, W. L. McAllister, Pasadena; R. W. Ellis.

SAN DIEGO COUNTY MEDICAL SOCIETY.

May 25, 1888.

DR. EDWIN CARSON read a paper on Antipyretics (see p. 257). In the discussion that followed Dr. Smart said that the evil effects of high temperature had been vastly overestimated. It has grown to be a custom among physicians to resort to antipyretics at the very first marked rise in the temperature, and he had no doubt that instead of a beneficial effect the result was very often of an opposite character. In continued fevers he regarded them as of little value, since they have no appreciable effect in removing the cause of the disease. The speaker looked upon all conditions of fever as the result of some kind of irritation of the nervous system, and regarded the effect of antipyretics as combating that irritation for the time-being only. A case of injured hand was cited, in which the fever speedily ran up very high, but was promptly reduced by a large dose of quinia. As to the use of antipyrin in sick headaches he remarked that he was in the habit of using as much as four 20-grain doses in a day, with exceedingly happy effect. His temperature is often subnormal at

the commencement of the attack, but after the first dose it rises to the normal.

Dr. Davis remarked that in the case of pneumonia he is opposed to the use of antipyretics. Quinine, the foremost remedy of this class, he regarded as dangerous in large and useless in small doses. He recognized the beneficial effects of this drug whenever a malarial complication existed, but when the disease is pneumonia, pure and simple, it should not be given.

Dr. Baker thought he had seen cases of pneumonia aborted by large doses of quinia. In the first stages of this disease this was looked upon as quite possible, and he was certain that the good derived from this drug in miasmatic complications could not be overestimated. He had lost some cases, but had attributed it rather to the discontinuance of the drug. While in New Mexico he had occasion to use the drug, but was prevented by the nervous symptoms it produced in that elevated region.

Dr. Davy looked upon quinine as playing two distinct roles—that of a general antipyretic and that of a specific in miasmatic fevers. In the latter complaints it would not only bring the temperature down to normal, but it would cause the abnormal temperature of congestive chills to be raised to the standard. In no case has it been known to reduce the temperature of the body below the normal, and in this it differs from antipyrin. In the case of secondary fever of pneumonia he could not see why quinia should not be indicated; for as he regarded it this is only a septic condition arising from the absorption of the decomposing pulmonary exudation of febrin and blood globules. Septic fevers of other kinds are benefited by quinine, and it is not reasonable to suppose that this should be different. He does not use quinine during the stage of exudation, but thinks favorably of antimony and blood-letting. The local action of antipyrin on the coats of the stomach, and through them on the nervous system is becoming more and more satisfactory, as shown by the immediate relief in migraine, mal-de-mer, etc. As to antipyretics as a class the speaker considered them greatly abused, since the fever thermometer had been adopted as a means of diagnosis. As long as the restlessness and tossing

were accepted as the most prominent signs of the fever, the danger from over-use of antipyretics did not exist; now, however, that a simple rise in the temperature is sufficient excuse for their administration, the result is quite different.

Dr. Hall thought that inasmuch as the temperature record did not keep pace with the inflammatory action, quinine is useful and should not be discarded.

Dr. Luppó had given quinia up ten years ago and adopted as substitutes iron and *nux vomica*.

Dr. Armstrong quoted from Dr. Clarke, of Harvard, to the effect that medicines do not antagonize diseases. He was himself somewhat skeptical, and thought much depended on the frame of mind one was in. A friend had related some particulars of some cases treated in Edinburgh, in which the homeopathic and usual methods had entailed the same results.

Dr. Magee called attention to the fact that, according to Dr. Loomis, pneumonia has a natural inclination to abort on the third, fifth and seventh days. The speaker had observed these critical periods in his practice in Illinois. He gives quinia freely in miasmatic cases of all kinds. Antipyrin and anti-febrin have not lessened the mortality of fevers of different kinds, and he sees no reason why he should resort to them in exchange for the more satisfactory methods of bathing and sponging.

Dr. Carson admitted that since the clinical thermometer had been added to the physician's armamentarium, there was a too strong desire to control the febrile movement, and that we should bear in mind that a moderate fever was not an indication for the use of antipyretics.

"THERE is nothing I know of in medicine", says Richardson, "than the treatment of the febrile condition without an alcohol of any kind." Dr. N. S. Davis, of Chicago, seems to be in complete accord with Richardson: "In my ample clinical practice", he tells us, "I have, for over thirty years, tested the medical uses of alcohol, and have found no cases of diseases, and no emergencies arising from accidents that I could not treat *more successfully without* any form of fermented or distilled liquor than with them."

CORRESPONDENCE.

APOMORPHIA AND ANTIPYRIN IN ASTHMA.

DAYTON, W. T., June 7, 1888.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER: It very frequently happens that the therapeutical value of some drug is due to accident, or while administering a medicament for some ailment, that it proves itself valuable in a patient for a difficulty for which it was not originally prescribed. The following case may be of interest:

Mrs. N., aged about 50, married, and mother of a family, has been an invalid for a number of years with asthma. She had been given various anti-spasmodics, traveled through Montana and Colorado, was attended by a number of physicians, but found only temporary relief. Nitrate of amyl., ether sulph., chloroform, etc., would all throw her into violent paroxysmal fits of asthma. I first saw the patient some six months ago; she was in great distress; suggested inhalations of pot. nitratis and pulv. stramonium, but her daughter, a very intelligent young lady, informed me that "mother has tried all those things with no good result, but made her much worse." I gave her a heavy dose of pot. iodide which served to relieve her considerably; was called two hours later, found her in a still worse condition than she was when first called. She begged me not to give her more of the last medicine (pot. iodide), as it made her so sick. In my despair I injected 1-12 gr. apomorphia hypodermatically. Within five minutes there was complete emesis, and my patient sank back on her pillow in a deep sleep, from which she did not waken for some four hours. She had no relapse for more than four weeks. Was called again of late; found my patient in a violent paroxysm of asthma, her daughter thinking it was brought on by inhaling tar which was being used on a dwelling hard by. I at once injected 1-12 gr. apomorphia. There was complete emesis and some sleep, but on awakening her paroxysm again returned fully as violent as before. I was hastily summoned; she now complained with a severe frontal headache; she begged me give her something for the headache, as she suffered more from that than the asthma. I at once gave her fifteen grs. of pot. bromide and four grs. caffeine citrate. The preparation gave her no relief; her headache was severe and the

asthma attack agonizing; gave her ten grs. of antipyrin. Within twenty minutes she felt relieved, headache was much easier and the asthma much better; left her a solution containing about two grains to the drachm, instructing her to take a dose every two hours till three doses were taken. It has been a month since the last attack and during that time she has been entirely free from any attack. Since the above case came under my notice the same remedy was given in another case of asthma, with decidedly happy results.

EMIL BORIES, M. D.

INTERESTING CASE OF GUN-SHOT WOUND.

OLIVE, Los Angeles Co., June 21, 1888.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER.—*Dear Doctor*: On the night of April 22d I was called to see a Mexican, who had been shot through the right lung with a revolver, at a few paces distance. Found a bullet hole an inch to the right of the sternum, between the cartilages of the fourth and fifth ribs, ranging backward and outward. Between the sixth and seventh ribs behind, and just to the right of the inferior angle of the scapula. I could feel the bullet, just under the skin. Very little blood had been lost, but the patient was ghastly pale, and pulse scarcely felt. Next morning he had rallied, and before night pulse 120, temperature 102°. Next day (24th) pulse 84, temperature 101°. After this the pulse varied between 84, the highest, and 70, the lowest; while the temperature never went above 101½°. May 17th, temperature being normal, pulse 70, and wound all healed, I excised the bullet—the button-hole healing at once. For about ten days he had a slight cough, raising a little blood each time. In the way of medicine, he was given 2 gr. doses of quinine, ter in die, and two or three times, pil Cathart Co. His habits, I am told, are very intemperate. The bullet is a conical 38 calibre, and has an indentation in its side, in which was a speculum of bone, firmly attached. The patient has for some time been going about, and is seemingly entirely well.

Respectfully yours,

A. H. MILLAR, M. D.

Bullet probably did not pass through lung, but followed body around under skin—the ball was too quick, and spitting of blood not sufficient to show penetration of lung.

J. P. W.

NEW LICENTIATES.

SAN FRANCISCO, June 7, 1888.

At the regular meeting of the Board of Examiners held in this city June 5th, 1888, the following physicians were granted certificates to practice medicine and surgery in this State:

Gustar C. W. Barkow, San Diego, College of Physicians and Surgeons, Ill., March 11, 1884.

Charles George Bull, San Francisco, Bellevue Hospital Medical College, N. Y., March 10, 1881.

Ernest Henry Cole, Los Angeles, St. Louis Medical College, Mo., March 6, 1885.

Albert L. Derbyshire, El Cajon, Medical College of Indiana, Ind., Feb. 25, 1886.

George S. Eveleth, Pasadena, Bellevue Hospital Medical College, N. Y., March 12, 1888.

Clinton Fisher, Los Angeles, Medical Department State University of Iowa, at Keokuk, Iowa, Feb. 25, 1868.

Harry Newbury Hall, Pasadena, Medical Department University of Pennsylvania, Penn., May 1, 1888.

Joseph W. Harris, Los Angeles, Miami Medical College, O., March 2, 1874.

Randolph W. Hill, San Diego, Kentucky School of Medicine, Ky., March 1, 1876.

John D. Hudspith, Rosesswitch, Winchester Medical College, Va., April 19, 1853.

Enoch Austin Jackman, Roseville, Medical Department University of Vermont, Vt., July 19, 1886.

Arthur Louis Kelsey, Pasadena, Jefferson Medical College, Penn., April 4, 1888.

George M. B. Maughs, Santa Barbara, Medical Department University of Missouri, St. Louis, Mo., 1848; St. Louis Medical College, Mo., March 5, 1884.

Henrietta Sanderson Maxson, Fresno, Medical Department University of Michigan, Mich., June 3, 1885.

Willis H. Maxson, Fresno, Medical Department University of Michigan, Mich., June 8, 1883.

Thomas Benton McWilliams, Pasadena, College of Physicians and Surgeons at Keokuk, Iowa, Feb. 23, 1871.

John S. Muir, San Francisco (lieu certificate), College of Physicians and Surgeons at Keokuk, Iowa, Feb. 17, 1876.

Charles Pratt, Los Angeles, Jefferson Medical College, Pa., March 12, 1881.

Thomas Hardy Smith, Pomona, St. Louis Medical College, Mo., March 8, 1882.

James P. Squires, Redlands, Medical Department University of Buffalo, N. Y., Feb. 26, 1851.

Richard A. Urquhart, Los Gatos, Medical Department University of Virginia, Va., July 2, 1874.

Henry Westlake, Los Angeles, Victoria University, Canada, May 11, 1887.

R. H. PLUMMER, *Secretary.*

SAN FRANCISCO, July 3, 1888.

At the regular meeting of the Board of Examiners, held in this city July 2, 1888, the following physicians were granted certificates to practice medicine and surgery in this State:

Tandy Allen, Healdsburg, Bellevue Hospital Medical College, N. Y., March 13, 1888.

Alexander H. Bailey, Santa Cruz, Hospital College of Medicine at Louisville, Ky., February 14, 1883.

Godfrey Beaumont, San Diego, Medical Department University of Louisville, Ky., March 2, 1869.

Jason N. Conley, San Jacinto, Rush Medical College, Ill., February 21, 1855.

Thomas Flint, San Juan, Jefferson Medical College, Penn., March 28, 1849.

Hiram L. Lewis, San Diego, Washington School of Medicine, Md., February 21, 1871.

Daniel E. Mason, East Oakland, Medical Department University City of New York, N. Y., February 18, 1879.

Henry C. Murphy, Gonzales, Jefferson Medical College, Penn., April 2, 1886.

Tallyrand D. Myers, Pasadena, Jefferson Medical College, Penn., March 28, 1868.

James W. Thayer, Gilroy, College of Physicians and Surgeons at Keokuk, Ia., February 25, 1879.

Sampson Trask, San Francisco, St. Louis Medical College, Mo., March 7, 1879.

The following persons were refused certificates on the ground of insufficient credentials: Samuel Gunn, Pasadena; H. C. Donaldson, Pasadena; Zederico Beraun, Berkeley;

Adam Frank, address not known; David Schwartz, Los Angeles; A. B. Cobb, Oakdale; Auguste Emilie Junker, San Diego.

The paper presented by Mrs. Junker is on a certificate of a second-class midwife, and prohibited her from practicing medicine in her own country.

Those presented by David Schwartz are only questionable certificates of a second-class nurse, and prohibited the holder from practicing medicine in the country where they were issued. One of said certificates shows evidence of erasure where his name is written; but his application was accompanied by the usual affidavit found in Section 3 of the Medical Law of 1878.

Several incompleated applications were laid over, with the expectation that they will be perfected immediately, as the Board does not intend to carry them indefinitely. Prompt action in complying with the law is required.

The Board has determined to publish the 4th edition of the Medical Register of California, which will be issued in December. It will, as heretofore, contain the names of all persons engaged in the practice of medicine in this State, properly classified; and all who have no license will be placed in the list of "Illegal Practitioners." Those who are entitled to certificates should procure them without delay, and spare themselves that mortification. Circular letters will be sent to every post-office in the State; and it is hoped that every physician will feel interest enough in this work to promptly report his own name and address to this office, if he cannot report that of his neighbor. The Board cannot do effective work without the support and coöperation of the profession.

Blanks were sent out last year by the former Secretary, and a few answers returned, but it has been so long since that, considering the constant acquisition to our ranks and the migratory element in our profession, such information is not now deemed reliable. A complimentary copy of the book will be mailed to every licentiate of this Board in good standing in this State.

When the Register of 1885 was issued there were 485 persons who had no license reported practicing medicine. Immediately thereafter an organized system of prosecutions was inaugurated, and when the Register of 1887 was issued there were only 164 reported.

In 1885 the city of San José had twenty-one of these leeches, and when four of them had been convicted the town was freed of their presence, the Register of 1887 showing not a single one in the place, and not one in the county. What San José has done other towns may do by the same unity of action. The better class of the laity recognize that they are not qualified to judge of the competency of medical practitioners, and look to the profession to lead in the matter of enforcing the law. We owe it to the public, to the profession, and to ourselves that an organized system of prosecutions should again be inaugurated throughout the State, in which it is hoped all will engage with spirit. The occasion is propitious, and the work is needed. It is unjust to require the better class of the profession to conform to the law and the code, while the vicious and ignorant are exempt for want of prosecution. In 1887 Arthur O'Leary was convicted in Yolo County and fined \$500. The case was appealed to the Supreme Court, which recently sustained the decision of the lower court, and the "doctor" has returned to his Eastern home.

P. Roscoe McNulty, who received a license from the Homeopathic Board of Examiners on a diploma from a Homeopathic School in Philadelphia in 1884, but which was revoked because of unprofessional conduct, has recently been tried three times in the Police Court for practicing without a license. In the first trial the jury failed to agree; in the second the case was dismissed by order of the court, and in the third he was convicted. He appealed to the Superior Court, which granted a new trial, because of error in the ruling of the lower court in not permitting the prosecution to show that the license had been properly revoked.

The new trial was held before the same Superior Court, Sullivan, Judge, and resulted in another conviction. The case has been appealed to the Supreme Court, where it has been argued and submitted, and the court has ninety days in which to decide it.

R. H. PLUMMER, *Secretary.*

DOCTORS may differ, says a patient, but they don't disagree half as much as their medicines do.

BOOK REVIEWS.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A yearly report of the progress of the general sanitary sciences throughout the world. Edited by CHARLES E. SAJOUS, M. D., Lecturer on Laryngology and Rhinology in Jefferson Medical College, Philadelphia, etc., and seventy Associate Editors, assisted by over two hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-Lithographs, Engravings and Maps. 1888. Philadelphia and London: F. A. Davis, Publisher. Agencies: The Oceanic Publishing Co., Sydney, N. S. Wales. J. A. Aiken, Cape Town, Cape Colony.

CONTENTS, VOLUME I.—Diseases of the Brain and Spinal Cord, by E. C. Seguin, M. D.; Peripheral Nervous Diseases and General Neuroses, by Charles K. Mills, M. D., and James Hendrie Lloyd, M. D.; Diseases of the Heart and Pericardium, by A. L. Loomis, M. D., LL. D.; Fevers, by J. C. Wilson, M. D.; Diseases of the Mouth, Stomach, Pancreas and Liver, by W. H. Thomson, M. D.; Diseases of the Intestines and Peritoneum, by W. W. Johnston, M. D.; Animal Parasites and their effects, by Joseph Leidy, M. D.; Diseases of the Blood and Spleen, Tuberculosis and Scrofula, by John Guit  ras, M. D., Ph. D.; Rheumatism and Gout, by N. S. Davis, M. D., LL. D.; Diabetes and Diseases of the Suprarenal Capsules, by James Tyson, M. D.; Diseases of the Kidneys and Bladder, by Francis Delafield, M. D.; Urinalysis, Chyluria and Haemoglobinuria, by James Tyson, M. D.; Psychological Diseases, by E. C. Spitzka, M. D.

CONTENTS, VOLUME II.—Surgery of the Brain and Nerves, by N. Senn, M. D.; Surgery of the Abdomen, by J. Ewing Mears, M. D.; Diseases of the Rectum and Anus, by Chas. B. Kelsey, M. D.; Surgical Diseases of the Genito-Urinary Apparatus in the male, by E. L. Keyes, M. D.; Diseases and Injuries of Arteries and Veins, by John H. Packard, A. M., M. D.; Fractures, Dislocations and Sprains, by Lewis A. Stimson, M. D.; Amputations, Excisions and Plastic Surgery: Diseases of Bones and Joints, by P. S. Conner, M. D., LL. D.; Gunshot and Punctured Wounds, by Hunter McGuire, M. D., LL. D.; Surgical Tuberculosis, Abscess, Carbuncle, etc., by John Guit  ras, M. D., Ph. D.; Diseases of the Skin, by Arthur Van Harlingen, M. D.; Tumors, by Morris Longstreth, M. D.; Venereal Diseases, by F. R. Sturgis, M. D., assisted by A. F. Buechler, M. D.; Surgical Diseases, by Christopher Johnston, M. D.; An  sthetics, by Henry M. Lyman, M. D.; Surgical Diagnosis, by D. Hayes Agnew, M. D., LL. D.

CONTENTS, VOLUME III.—Ophthalmology, by William Thomson, M. D., assisted by Geo. M. Gould, M. D.; Otology, by Chas. S. Turnbull, M. D., Ph. D. and Chas. L. Weed, A. M., M. D.; Diseases of the Nose and Accessory Cavities, by Charles E. Sajous, M. D.; Diseases of the Pharynx, by D. Bryson Delavan, M. D.; Diseases of the Larynx, Trachea and Oesophagus, by J. Solis Cohen, M. D.; Diseases of the Thyroid Gland, by John Guitéras, M. D., Ph. D.; Diseases of the Lungs and Pleura, by James T. Whittaker, M. D.; Inebriety, Morphinism and Kindred Diseases, by Henry M. Lyman, M. D.; Oral Surgery, by James E. Garretson, M. D.; Dental Pathology and Therapeutics, by W. Xavier Sudduth, M. D., F. R. M. S.; Prosthetic Dentistry and Orthodontia, by S. H. Guilford, D. D. S., Ph. D.; Surgical Dressings, by Charles Wirgman, M. D.; Chiropodistry, by C. C. Davidson, M. D.

CONTENTS, VOLUME IV.—Diseases of the Uterus, by Paul F. Munde, M. D., Egbert H. Grandin, M. D., and Brooks H. Wells, M. D.; Menstruation and its Disorders, by E. C. Dudley, M. D., assisted by Junius Hoag, M. D.; Diseases of the Ovaries and Tubes, by William Goodell, M. D., and W. Constantine Goodell, M. D.; Diseases of the Vagina and External Genito-Urinary Organs, by William H. Parish, M. D.; Sterility: Pregnancy: Disorders of Pregnancy, by Theophilus Parvin, M. D.; Obstetrics, by William L. Richardson, M. D.; Puerperal Diseases, by Theophilus Parvin, M. D.; Dietetics of Infancy and Childhood, by Louis Starr, M. D.; Diseases of Infancy and Childhood, by J. Lewis Smith, M. D., and A. F. Currier, M. D., F. M. Warner, M. D., T. H. Myers, M. D., B. G. Cooke, M. D., F. H. Daniels, A. M., M. D., E. C. Wendt, M. D., S. Baruch, M. D., D. Brown, M. D.; Orthopaedic Surgery, by Thos. G. Morton, M. D., and Wm. Hunt, M. D.; General Therapeutics, by William Pepper, M. D., LL. D., and J. P. Crozer Griffith, M. D.; Experimental Therapeutics, by Hobart Amory Hare, M. D.

CONTENTS, VOLUME V.—Medical Climatology and Balneology, by George H. Rohé, M. D.; Electro-Therapeutics, by A. L. Ranney, M. D.; Medical Chemistry and Toxicology, by J. W. Holland, M. D.; Legal Medicine, by Frank Winthrop Draper, A. M., M. D.; Medical Demography, by Albert L. Gihon, A. M., M. D.; Hygiene and Epidemiology, by John B. Hamilton, M. D.; The Disposal of the Dead, by John G. Lee,

M. D.; Anatomy of the Brain, by E. C. Spitzka, M. D.; Anatomy, by W. S. Forbes, M. D.; Physiology, by H. Newell Martin, M. D., M. A., Dr. Sc., F. R. S., and W. H. Howell, Ph. D., B. A.; Growth and Age, by Charles S. Minot, M. D.; Technology, by W. P. Manton, M. D., F. R. M. S.; Histology, by W. P. Manton, M. D., F. R. M. S.; Embryology, Anomalies and Monstrosities, by W. Xavier Sudduth, M. D., F. R. M. S.; Dental Embryology and Histology, by W. Xavier Sudduth, M. D., F. R. M. S.; General Pathology, by E. O. Shakespeare, M. D.; General Index, by C. Sumner Witherstine, M. D., assisted by Franklin T. Beatty, M. D., George F. Souwers, M. D., and Eugene L. Vansant, M. D.

These five large volumes form a valuable mirror of the progress of the medical sciences during 1887. We cannot justly single out any article for review, but can heartily commend the work to every progressive practitioner. It is an Index Medicus with the gist of the leading articles that appeared in the medical journals of 1887.

DISORDERS OF MENSTRUATION. By EDWARD W. JENKS, M. D., LL. D., Professor of Gynecology in the Michigan College of Medicine and Surgery; Fellow of the American Gynecological Society and of the Obstetrical Society of London; Honorary Member of the Cincinnati Obstetrical Society; Corresponding Member of Boston Gynecological Society; President ('87-'88) of the Detroit Gynecological Society, etc., etc. 1888. George S. Davis, Detroit, Mich.

PATHOLOGY AND TREATMENT OF THE INFECTIOUS DISEASES. Part I. The Miasmatic and Miasmatic Contagious Diseases: Intermittent Fever, Typhoid Fever, by Professor KARL LIEBERMEISTER, Professor of Clinical Medicine in Tubingen, Germany. Translated by E. P. Hurd, M. D., Newburyport, Mass. With notes and appendices. 1888. George S. Davis, Detroit, Mich.

INFECTIOUS DISEASES. PART II. Measles, Scarlet Fever, Smallpox, Vaccinia, Varicella, Rubella, Diphtheria, by KARL LIEBERMEISTER, Professor of Internal Pathology and Therapeutics, at Tubingen, Germany. Translated by E. P. Hurd, M. D., President of the Essex North District Medical Society; Member of the Climatological Society and of the Massachusetts Medical Society; one of the Physicians to the Anna Jacques Hospital, Newburyport, Mass. 1888. George S. Davis, Detroit, Mich.

AN EXPERIMENTAL CONTRIBUTION TO INTESTINAL SURGERY, WITH SPECIAL REFERENCE TO THE TREATMENT OF INTESTINAL OBSTRUCTION. Read in the surgical section of the ninth International Medical Congress, Washington, September 5, 1887, by Nicholas Senn, M. D., Ph. D., of Milwaukee, Attending Surgeon to the Milwaukee Hospital, Professor of the Principles of Surgery and Surgical Pathology in the Rush Medical College, Chicago, Ill. Reprint from *Annals of Surgery*, January—June, 1888, 1888. J. H. Chambers & Co., 914 Locust street, St. Louis.

WAIFS.

“THINGS OLD AND NEW.”

LAPLACE's sublimate solution is more antiseptic and less irritating than ordinary solutions. For irrigation—sublimate 1, acid tartaric 5, dist. water 1000. Gauze and cotton for dressings are soaked for two hours in—sublimate 5, acid tartaric 20, dist. water 1000. We would prefer solutions of half the strength.

Hydrastis (℥ss—℥i, 3 t. d.) for uterine hemorrhage.

Iodoform, while not a germicide as such, becomes so by evolving free iodine. Laboratory evidence is not sufficient to make us abandon an agent which, used with discretion, is of immense value, especially in the surgery of the cavities.

Old houses contain about eight times as many microbes as new ones.

Thirty-five laparotomies for ruptured tubal pregnancy, two deaths (Tait).

Preputial adhesion a cause of nocturnal incontinence of urine in boys.
Destroy germs in typhoid stools by sublimate.

Let no opportunity escape you to perfect your knowledge of diagnosis of the position of the child in utero by external palpation.

It is criminal to use vaginal or uterine tampons, unless they are iodoformed or borated.

The sponge tent is dead as a means of dilating the cervix. Bury it.

Morphine diminishes the amount of blood in the brain, and is used by Horsley before cerebral operations, to prevent hemorrhage. Meningitis and similar diseases should then be treated by morphine, at least in their first stages.

For pruritus vaginæ: \mathcal{R} cocaine gr. x, chloral gr. xii, glycerine ℥i.

Hysteria is a “neuromimetic” disease (Paget).

Three laparotomies for typhoid perforations, three deaths (Morton).

Keep your typhoid patient in horizontal position from incubation to complete defervescence. Bed-pan and urinal—let nurse turn him on his side now and then and hold him there about fifteen minutes. Give anti-febrin (5 to $7\frac{1}{2}$ grs.) or antipyrin (10 to 15 grs.) when temperature reaches 104 (Wilson).

Salicylic acid is greatly admired by Nussbaum, as a surgical dressing, especially in the form of dry powder. Be sure that you use the best quality—the impalpable, dialyzed acid.

Persistent epistaxis, says an exchange, may be overcome by irrigation with very hot water (150°). It may be so, but we would prefer that the nose of our colleague should be thus irrigated, rather than our own. For our part we never knew the four per cent cocaine spray to fail.

Circulating libraries afford a convenient but unsuspected medium for the propagation of scarlatina, measles, etc.

TOLSTOI, in his latest work, the Physiology of War, proves to his own satisfaction that Napoleon was not a great man, not a genius, but only a man like other men, made what he was by little events, and a military hero by his own purile effrontery. In spite of Tolstoi the world will probably continue to believe that the Corsican monster, if a great villain, was also a very great man, judged by intellectual standards.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S.
SIGNAL SERVICE, LOS ANGELES STATION.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.
Los Angeles, California. Month of May, 1888.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN.		
..... 1	29.96	58.8	65.3	55.0	*T	Mean Barometer 29.951
..... 2	29.96	60.7	70.3	52.5	.00	Highest Barometer, 30.119, date 8th.
..... 3	29.98	58.0	71.0	46.0	*T	Lowest Barometer, 29.820, date 10
..... 4	29.94	60.7	68.2	54.5	.02	Monthly Range of Barometer, .299
..... 5	29.98	60.3	69.5	56.0	*T	Mean Temperature 60.8.
..... 6	30.01	61.0	71.0	57.0	.00	Highest Temp'ture 83.0, date 28
..... 7	30.07	58.3	68.3	53.0	*.01	Lowest Temperature, 45.0, date 24th
..... 8	30.10	59.3	71.0	54.0	.00	Monthly Range of Temp. 38.
..... 9	30.04	59.0	71.0	54.0	.00	Greatest Daily Range of Temp. 32.8
.....10	29.88	58.0	72.3	53.0	*T	Least Daily Range of Temp. 10.3.
.....11	29.86	64.3	78.0	55.0	*T	Mean Daily Range of Temp. 20.0.
.....12	29.93	63.3	76.0	55.0	*T	Mean Temperature this Month
.....13	29.96	64.0	76.8	53.8	.00	1878..62.2 1882...61.7 1886..62.4
.....14	29.94	62.3	78.0	51.0	*T	1879..61.1 1883..62.1 1887..63.1
.....15	29.96	60.0	71.8	51.5	*T	1880..61.0 1884..61.6 1888..60.8
.....16	29.92	61.3	72.0	54.0	.00	1881..62.7 1885..63.5
.....17	29.91	62.0	73.0	55.5	.00	Mean Daily Dew Point, 53.7.
.....18	29.94	60.7	74.0	55.0	*T	Mean Daily Relative Humidity, 79.2.
.....19	29.94	60.7	72.0	56.0	.01	Prevailing Direction of Wind W.
.....20	29.93	59.7	68.0	52.0	*T	Total Movement of Wind, 4272 miles.
.....21	29.93	60.0	67.5	54.5	.00	Highest Velocity of Wind and Direction, 24 miles, W.
.....22	29.99	59.0	67.0	55.0	.00	Total Precipitation .05.
.....23	29.99	59.7	71.0	53.0	.00	Number Days .01 inches or more Rain Fell, 1
.....24	29.97	58.3	72.0	45.0	*T	Total Precipitation (in inches and hundredths) this month
.....25	29.96	58.3	71.0	47.5	*T	1878.. .66 1882.. .63 1886.. .01
.....26	30.00	58.3	71.0	48.0	*T	1879.. .24 1883..2.92 1887.. .20
.....27	29.99	60.3	75.2	47.5	*T	1880.. .04 1884.. .39 1888.. .05
.....28	29.92	64.0	83.0	50.2	*T	1881.. .01 1885.. .06
.....29	29.89	63.3	79.8	52.0	*T	Number of Foggy Days, none.
.....30	29.88	65.0	81.0	52.0	*T	" " Clear " 5
.....31	29.95	66.3	80.0	57.5	.01	" " Fair " 18
						" " Cloudy " 8
						Dates of Auroras, none.
						Dates of Solar Halos, none.
						Dates of Lunar Halos, 23d.
						Dates of Frost—Light, none.
						Killing, none.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

The T indicates trace of precipitation.

Month of June, 1888.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & Hundreths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	29.98	63.3	78.0	56.0	T	Mean Barometer, 29.891
..... 2	29.99	63.7	76.0	53.8	T	Highest Barometer 30.042 date 30.
..... 3	29.99	62.3	76.0	55.8	.00	Lowest Barometer, 29.756, date 17.
..... 4	29.90	65.0	79.8	50.5	T	Monthly Range of Barometer, .286
..... 5	29.82	65.1	84.0	51.0	T	Mean Temperature, 67.5.
..... 6	29.88	65.0	77.0	55.8	.00	Highest Temp'ture, 94.0, date 8.
..... 7	29.92	64.0	79.0	51.0	T	Lowest Temperature, 50.5, date 4.
..... 8	29.85	71.0	94.0	53.0	.00	Monthly Range of Temperature, 43.5
..... 9	29.92	68.3	84.5	53.0	.01	Greatest Daily Range of Temper- ature, 41.0.
.....10	29.96	68.3	85.0	54.0	T	Least Daily Range of Tempera- ture, 14.8.
.....11	29.87	69.0	92.0	52.0	T	Mean Daily Range of Temp. 26.0.
.....12	29.87	68.7	85.0	55.3	T	Mean Temperature this Month
.....13	29.85	69.7	86.5	55.0	T	1878..85.0 1882..64.4 1886..66.1
.....14	29.90	70.3	87.0	56.5	T	1879..65.8 1883..68.8 1887..66.1
.....15	29.87	71.0	86.0	56.0	T	1880..63.4 1884..65.6 1888..67.5
.....16	29.79	69.0	85.0	55.0	T	1881..65.6 1885..65.0
.....17	29.78	63.3	73.8	59.0	T	Mean Daily Dew Point, 58.0.
.....18	29.84	64.3	77.0	52.5	T	Mean Daily Relative Humidity, 74.1.
.....19	29.88	66.3	80.0	54.0	T	Prevailing Direction of Wind, W.
.....20	29.82	71.0	86.8	54.0	T	Total Movement of Wind, 4084 miles.
.....21	29.79	72.3	92.0	55.8	T	Highest Velocity of Wind and Direction, 19 miles, W.
.....22	29.85	70.3	84.0	62.5	.00	Total Precipitation, .01.
.....23	29.90	67.3	77.8	61.0	T	Number Days .01 inches or more Rain fell, 0.
.....24	29.86	67.7	79.2	61.0	.00	Total Precipitation (in inches and hundredths) this Month
.....25	29.85	69.3	81.0	60.5	.00	1878.. .07 1882.. T 1886.. .11
.....26	29.93	67.7	78.0	62.0	.00	1879.. .03 1883.. .03 1887.. .07
.....27	29.94	67.3	79.8	61.0	.00	1880.. .00 1884.. .01 1888.. .01
.....28	29.92	66.3	79.0	62.0	.00	1881.. .00 1885.. T
.....29	29.96	70.0	82.0	61.2	.00	Number of Foggy Days, none.
.....30	30.01	68.3	81.5	57.0	T	" " Clear " 17
.....31	.....	.....	.....	.....	.....	" " Fair " 12
						" " Cloudy " 1
						Dates of Auroras, none.
						Dates of Solar Halos, none.
						Dates of Lunar Halos, none.
						Dates of Frost, Light, none.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.
The T indicates trace of precipitation.

GEORGE E. FRANKLIN,

Sergeant Signal Corps.

NOTES: Barometer reduced to sea level.

OUR ADVERTISERS.

The usefulness of good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the Profession.

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THE SOUTHERN CALIFORNIA PRACTITIONER.

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No. 8.

ORIGINAL.

REPORT OF THE COMMITTEE UPON MEDICAL EDUCATION.*

BY J. P. WIDNEY, A. M., M. D., LOS ANGELES, CHAIRMAN,

Dean and Professor of the Principles and Practice of Medicine in the Medical College of the University of Southern California.

To a thorough understanding of the methods of the system of medical education of to-day it is necessary that one should know somewhat of its manner of growth, and this involves a review of the history of the medical education of the past (for the present is in many respects an outgrowth of that past); and many things which may seem odd or strange in our present methods are only the survival of methods which at the time when they originated were not odd or strange, but were the natural offspring of the needs and the educational crudity of the times. It is to be borne in mind also that in so ancient a science as that of medicine many of the methods of the past would necessarily come down to us, and even when practically antiquated be slowly eliminated or changed. In this respect medicine simply shares the fate of other branches of human knowledge, for all imperfect or defective methods are apt to be slowly set aside. It is a part of the conservatism of the human mind: not necessarily an evil thing in itself, only an evil when carried to excess and allowed to become a clog to progress.

It may be laid down as a rule that the methods of instruction will be shaped largely by the facilities which exist. In considering medical education of the earlier ages, several points may be noted in which the facilities then available differed radically from those of our own times. Among these may be enumerated: The original entire lack of books, except the few treasured manuscripts of antiquity, laboriously

* Read before the Medical Society of the State of California.

written out by hand, and found only at a few great centers of mental activity, and the utter impossibility of students gaining free access to these, or of the practitioner carrying them away with him; then in the ages which immediately followed the discovery of the art of printing, the extreme scarcity of printed books, their high price, the few writers upon medical topics, the incomplete manner in which they represented the field of medicine as even then known, and the long intervals between publications; also may be mentioned what might be designated as the oral habit of thought, the habit of learning through the ear rather than through the eye, a habit which even now is common to races and individuals who read little, or not at all; then, too, the lack of competent teachers except in the few large cities; also may be cited the lack of clinical facilities except at a very few centers, and their crudeness and inadequacy even there, for the great general and special hospitals of the present day, scattered all over the land in every city, were then unknown, except upon a limited scale in a few of the leading cities of the world; finally may be mentioned the infancy and consequent unavailability of collateral sciences, as chemistry and botany.

RESULTS.

As results of the foregoing causes may be enumerated :

The gathering of students into a few great centers where lectures to large classes might take the place of books which were not to be had.

The note system, by which method the student kept a written record of the substance of each lecture, and those notes became to him, as he went out to the practice of medicine, his library and his guide.

A tendency, because of the lack of clinical material and its study, and also because of the slight assistance to be gained from collateral sciences, to base theories of disease upon mere abstract speculation, rather than upon a foundation of collated and digested clinical facts.

EVILS ARISING FROM THE SYSTEM.

As evils which were necessarily incident to the system may be enumerated: The unweildiness of the great classes, and the unavoidable lack of that personal supervision and instruction which the student, especially in his first few years, must

have in order to profit fairly from his course of study. The broken and divided attention to the substance of the lecture which the necessity of note-taking involved. The undue and unhealthful influence upon the minds of classes weilded by lecturers with hobbies, and a tendency to the building up of dogmatic and narrow schools of medicine by lecturers of strong personality, schools molded and shaped by their peculiar notions, and which by the warping influence of preconceived theories blinded men to the teachings of clinical medicine and checked the developments of that broad catholicity which should belong to a liberal and progressive science. Also may be mentioned the lack of clinical and laboratory work, the graduates becoming abstract theorists upon disease, rather than practically trained physicians.

CHANGES WHICH HAVE COME IN THE FACILITIES AND MATERIAL FOR MEDICAL EDUCATION.

Under this heading may be enumerated: An abundant supply of books at reasonable cost, and upon every conceivable topic of medical interest, and books which, by their repeated issues, are all the while fully abreast of the latest phase of medical thought and medical practice; the reading habit of mind among the masses, so that students learn even more readily by the eye than the ear; the multiplication of well educated men, until every city of reasonable size has within it men fairly competent to teach for at least the earlier years of a medical course; the multiplication of hospitals until every city of moderate size affords material for fair clinical study; the development of collateral sciences, and the multiplication of men competent to teach them.

To what extent have these changes in the facilities for medical education been followed, and to what extent failed of being followed, by corresponding changes in its methods?

In answer may be stated: The lecture system remains much as it was centuries ago, when it was a necessity. The system of taking notes remains much the same as when the student could not hope to have books. The tendency still is to the aggregation of students in large classes, and the lecture system is still continued as the principal feature of medical education while clinical and laboratory work occupy even yet a secondary position. In other words, while the surroundings,

the material for medical education, have radically changed within the last few centuries, its methods have not undergone a corresponding change to anything like the same extent; and we are still perpetuating the evils which were incident to the defective facilities of the earlier ages; viz., large classes, notes, and the undue prominence of the lecture system as compared with clinical and laboratory work; only the molding influence of the lecturer is now to some extent restricted by the freer use of books among students.

WHY ARE THESE THINGS EVILS?

The large class is an evil, because the individuality of the student is lost in the aggregated numbers. He must necessarily remain, with the exception of a favored few, personally unknown to his teachers, and lose the benefit of that personal supervision which is of so much value to the beginner.

The lecture system may, and generally does, become an evil, because a large portion of each day is consumed in listening to mere verbal repetitions of matter which is accessible to the student in carefully prepared form in books; and because, with the reading habits of the modern man, that which is read is better apprehended and better remembered than that which is heard.

The note system is an evil, because it distracts the attention of the student from the thread of reasoning, while he is engaged in writing, and gives him necessarily a broken and disjointed idea of the matter lectured upon; while as a written book for after-reference or study-notes are now superseded by the printed volumes which are no longer beyond the means of the student.

Apart from the direct evils of the present system is a waste of resources in attempting in the one school the work of taking the primary classes in medicine and also the higher classes. In Colleges of Letters this is not done. A wiser conservation of resources is shown by throwing the burden of preliminary work upon higher schools and academies, which, with cheaper appliances and less cost, do the work equally as well, the college receiving the students when already well advanced in natural sciences and languages, and giving to them simply the finishing touches of a higher education. In this way the more expensive plant of the college is not wasted in the labor of

teaching primary classes; nor is its work cumbered by the unwieldy masses of wholly untrained students.

Under the practical workings of the present system the higher medical education is virtually untouched and unattempted in the greater number of medical schools of the country.

WHAT CHANGES MIGHT BE SUGGESTED TO MEET AND REMOVE
THESE EVILS?

The changes which have presented themselves to my mind are these: Multiply schools of medicine, encouraging their establishment in all cities which can offer fair clinical facilities; but fix by law a standard of requirements. Require of them a three years graded course, carried out in good faith, and covering certain specified branches of medical study. Let these schools, however, only have the right to graduate with the degree of Bachelor of Medicine, the degree not carrying with it the right to practice medicine. Then establish in each State by law, and as a part of the State university, one central school, with a corps of teachers drawing their salary solely from the State, and in no way dependent upon the fees received from the students.

Let this school be supplied with all the expensive and varied appliances for the highest medical education, and locate it in some large city where access may be had for clinical purposes to the hundreds of varied cases of great central hospitals. To this State school let no students be admitted who do not come already possessing the degree of Bachelor of Medicine, and give to them a fourth year of finishing studies corresponding somewhat to a post-graduate course. Then let these students, if they pass their final examinations in this school, receive from the State university the degree of Doctor of Medicine with the right to enter upon practice; and let no diploma not so emanating within that State be accorded legal recognition; and let no person be permitted to practice medicine within the State who does not possess such diploma from the State, or whatever may be decided by law to be its equivalent from other States, or from abroad; and in case of doubt or question, or dispute, let such person be required to take this final year, and pass his examinations, and then receive a diploma from the State, before permission to enter upon practice is accorded.

WHAT WILL BE ACCOMPLISHED BY THIS?

First—The evil of large classes in earlier years of a medical course will be removed, as students will take their earlier years of study and receive their degree of Bachelor of Medicine in some one of the colleges to be found in each large city.

It may be said that colleges would not be so multiplied to do this preliminary work. The whole tendency of modern medical education shows, however, that such schools would be established in sufficient numbers, especially when freed from the necessity of attempting to provide the costly appliances needed for the higher medical education. The change from the large classes of many of our present schools would permit of a change also from our present lecture system to a more direct method of teaching, in which the text-book and personal instruction would do better work, supplemented by a modified and less formal lecture course. Under the more direct instruction of this plan the note system also would quickly disappear. The student would also find, in the more limited number of clinical cases presented to him, less confusion; would not be overwhelmed with the mass of material, and would thus study to better advantage. It is no advantage to the raw student to walk the wards of an hospital of hundreds of beds; on the contrary it is a positive disadvantage. He is simply confused, as he has not yet the maturity of training to select and digest.

Another advantage of the smaller class is the fact that each student has a better opportunity to personally inspect and study the clinical cases and the surgical operations, not being forced, as in some of our large schools, to make use of an opera glass, if he would see.

Second—An economy of money and of material; as under this system the costly appliances needed for the advanced years will only have to be purchased for one college in each State, and by reason of this fact the stock in that one school may be made so much the more complete and extensive. Each State would thus have it in its power to furnish advantages for the higher medical education, such as can now only be found in a few of the great government universities of Europe.

Third—The student receiving the personal supervision

which would be possible in the many colleges with their smaller classes, would, by the time he had gained his degree of Bachelor of Medicine and gone for his fourth year to the State university, be fitted to continue his studies profitably in the larger classes which would there be gathered, without the close personal instruction and supervision so needful in the earlier years of his course, and would be prepared to understand and profit by the higher advantages there offered.

He would also be by this time prepared to profit by the greater mass of clinical material presented for his inspection, instead of being, as would have been the case in his earlier years, simply confused and overwhelmed by it.

Fourth — The establishment of one common standard of medical education in the State, and that of a high grade; thus forcing out of existence the low grade cheap schools, which now are a curse to the profession of medicine over so large a portion of our country; while the knowledge of the fact that their graduates must stand side by side with the graduates of all the other schools of the State in that final year, and in a test before a disinterested tribunal, would be a constant spur to each college to do the best possible preparatory work.

Fifth — The fact that the professors in the State school received their salaries from the State, and not from the fees obtained from the students, would free them from any possible incentive to graduate large but defectively trained classes because of pecuniary interest.

Among benefits arising to the profession at large from the workings of the plan may be enumerated:

First — The elevating effect upon the practitioners of the State, which the establishment of these schools at the various points would have. Every such school would become a local center for an increased mental activity in the ranks of the profession in its vicinity, the constant study which the work of teaching necessitated in the corps of professors making them a competitive spur to others of the profession about them. This would be far from the least of the benefits arising from the system.

Second — The higher standing accorded to our graduates abroad. A diploma thus issued upon a fixed and recognized

basis, and carrying with it the seal of the State as a voucher for the thoroughness of the work done by the holder before receiving it, would command a recognition such as the diplomas of many, and abroad comparatively unknown schools, cannot claim.

HOW WOULD THIS PLAN DEAL WITH THE SO-CALLED SCHOOLS OF MEDICINE?

In this way. The only point upon which these schools base their claims for recognition is upon some peculiarity in the use of drugs.

This leaves the great fields of anatomy, physiology, chemistry, pathology, surgery, obstetrics, and in fact the whole range of medical science except therapeutics, unquestioned even by the schools which teach what to us seem unsound views in medical treatment. Let the State, then, by law grant the right to confer the degree of Bachelor of Medicine to all schools teaching in good faith the branches which have been enumerated, together with such others as may be designated, requiring a three years course of a specified number of months each year, and certain clinical facilities. Let the graduates of that school, whatever may be the peculiar views held upon points of therapeutics, have the right to enter the State university for their final year, and if they can pass the examinations let them be graduated with the degree of Doctor of Medicine, this degree carrying with it the right to practice medicine. With this enforced high standard of education the question of therapeutics may safely be left to settle itself. The important point is to see to it that every practitioner of medicine shall be an educated man. There will be no more speedy way of putting an end to unsound views upon such points than to give to the student a thorough training in the great underlying principles of disease, its causation, its phenomena, and its pathological results in the human body. The men who have been thoroughly trained in these points may, as a general thing, be safely left to judge of principles of practice. I believe that the safest, the best, the most speedy, and in fact the only, way to put an end to narrow and unsound views upon therapeutics, and to schools which may be based upon them, is not outlawry but education.

AS THERE WOULD BE CONFLICTING CLAIMS FROM IRREGULAR SCHOOLS, HOW SHALL THE CHAIRS OF SUCH A STATE SCHOOL BE FILLED?

I should have no hesitation in allowing every so-called school of medicine, which could show a clear record of colleges conforming in good faith to the requirements of the law in a three years graded course, having the required number of months of school work, the specified branches taught, and dissecting and clinical facilities up to the fixed standard, and utilized in good faith. I should have no hesitation in allowing to each such school proper representation in the professorships of the State school; but I believe this question would cease to be a vital one within a few years, as I think under the higher education brought about by this course distinctive schools of practice would soon disappear from view. They would be educated out of existence. And if any individual should continue to hold odd views upon these points he would hold them simply as an individual, not as one of a school or an organization.

A great and final gain to the whole profession by the adoption of this common system of education and its establishment by law, would be the possibility of enforcing medical legislation against quackery in all its forms, which would result.

The argument now brought to bear successfully upon the public against such enforcement of law is that it is only a quarrel of schools, and that is persecution.

When we are able to meet this assertion with the counter-statement that the law recognizes no schools, but *has* provided that the man who takes human life into his hands shall at least understand the workings of the human body and its diseases, and has enforced a common test of fitness; then the cry of schools and persecution fails of its effect, and law can be enforced. It is the surest, and it seems to me the only, way of putting the profession of medicine in a proper light before the public.

The plan which I have outlined in this paper may be in advance of the times. I believe it, however, to be feasible. And more, I believe that it is in this line that the solution of the many perplexing questions of the relationship of the profession of medicine to the public and to the various schools of medicine is to be found. And I believe that to some such plan as this we shall possibly slowly, but surely, come.

"THE PEARL UPON THE ROSE."*

BY HENRY A. DU BOIS, PH. B., M. D., SAN RAFAEL, CAL.

AN examination of the latest systematic work on the practice of medicine—that of the late Dr. Fogge—fails to discover any description of vaccination, much less any account of the vaccine vesicle and its origin and mode of development; and after a somewhat extensive search through the text-books one finds himself compelled to go back to the original works of Jenner published in 1798, and to the very able monograph of Robert Ceely published as late as 1840, for an accurate description of the vaccine vesicle and its normal and abnormal development, clearly illustrated by colored plates. Our opinions of disease are at present in a transition stage. Darwin's generalizations have been absorbed and become a part of the thoughts of all students of science. The germ theory, with or without its appendix of the animal alkaloids, has quickly followed. These wide generalizations will find their strongest proof or receive a decisive defeat from comparative medicine, a science hardly yet born, but which (in my opinion at least) has a most brilliant career before it. By comparative medicine I mean a complete history of the origin and development of diseases in all organisms, vegetable as well as animal. This involves the tracing of diseases already studied in man, through other animals, and even it may be into vegetable organizations, and from the facts thus collected by thousands of observers, deducing the laws governing diseases. Such observations will doubtless show that diseased action varies according to the organization in which it exists; so that the symptoms presented to the observer may vary greatly according to the animal in which they are studied. As we in our bodies retain traces (apparently useless) of the plan on which the whole class of vertebrates are constructed, so, doubtless, with our diseases, a connection will in time be established with those of other animals. *Nothing, it seems to me, is more logical than the conclusion that, as our bodies are formed on the same general plan as that of other vertebrates, so our diseases are of necessity closely allied, and if variations take place in the structure of varieties or species, so may variations in the diseases follow change of struc-*

* Dr. Edward Jenner's figurative description of the vaccine vesicle. See Barnou's *Life of Jenner*, Vol. ii, p. 303.

ture. In other words, if an animal designated as A can change in structure so as resemble an animal designated as B, or become identical with it, it logically follows that the diseases of A will resemble or be identical with B. In germ diseases the germs doubtless are subject to the laws governing vegetative growth. A high temperature accelerates their development, and the readiness with which they are able to assimilate the elements necessary for their growth, probably has no inconsiderable influence in the causation of the symptoms presented. The orientals introduced the germs of a disease into the skin, and thus caused their absorption by the lymphatics and the consequent modification of the disease from that caused by the same germs entering the system by the lungs. Jenner in vaccination went a step further by modifying the germs before inoculation, by their passage through the economy of an animal with a higher temperature than man. That Jenner believed in a modified small-pox, the name which he uniformly used, shows conclusively. He always wrote and spoke of the cow-small-pox — “the variolæ vaccinae” — not of the cow-pox. He certainly believed in a cow-pox only as a modification of small-pox, or, as modern science would now say, an attenuation of its virus. Robert Ceely inoculated a cow with small-pox and with the resulting virus he inoculated children, producing typical vaccine vesicles, from which over two thousand persons were successfully vaccinated within a few months. He went a step further and inoculated a cow first with small-pox, and then after the lapse of some days he vaccinated the same animal, with the result of producing two sets of vesicles precisely alike, except that those resulting from the small-pox virus were more pronounced and appeared later than those resulting from the vaccine virus.* Mr. Badcock, of Brighton, England, out of some five hundred or six hundred inoculations with small-pox virus, succeeded in producing well formed vesicles in thirty-seven cows, or seven per cent of those operated on, so difficult did he find successful inoculation to be; and from the virus thus obtained thirty thousand persons were vaccinated by him, and the virus is still in use in England.† All this was done

* Observations on the Variolæ Vaccinae, by Robt. Ceely, p. 382, published in Trans. of the Provincial Medical and Surgical Association, Vols. viii and x., Worcester, England, 1840. See plates 9 to 14 inclusive.

† A detail of experiments confirming the power of cow-pox, etc., as cited by Seaton in his Handbook of Vaccination, Eng. Ed., 1868.

nearly half a century ago, and yet we read in an article by a practical vaccine propagator in a recent system of medicine* "that small-pox and cow-pox are wholly distinct from each other under all circumstances, and that it is impossible to convert the one into the other"; again, "this practice" (inoculating cows to obtain vaccine virus) "is utterly fallacious and it is also dangerous, since the disease as produced, however mild it may seem to be, is nothing more nor less than small-pox, with its infectiousness by effluvium and its liability to prove serious, even when carefully inoculated"; and again, "a method that in the light of our present knowledge can only be characterized as downright malpractice." This all on the authority of Chauveau of the Lyons Commission, and against the opinion of Jenner, the opinion and practice of Ceely and Badcock, and the almost universal opinion held by English physicians from the time of Jenner's discovery until the present day, as well as by a multitude of Continental and American experimenters. Barron (Report on the Present State of Vaccination, Vol. viii, p. 20, Trans. Prov. Med. and Surg. Soc., 1840) claims that cow-small-pox appears in cattle in two forms, one epidemic of only occasional occurrence, very fatal and infectious; the other milder and non-infectious. The former frequently has occurred, he says, at the same time as an epidemic of small-pox in man, and in India is designated by the same names applied to variola; viz., "bussunt, whata or gotee." †

Let us now see what the Lyons Commission have proved: 1st; they claim to have inoculated cows with small-pox; did they really do so? 2d; that the cows so inoculated were proof against cow-pox; were they? And lastly, that "the small-pox in its passage through the system of the cow is not transformed into vaccinia; it remains small-pox and returns to the original state of small-pox when introduced into the

* Vaccinia, by Frank P. Forter, M. D., being article in Pepper's *Prac. Med.* 1885; see p. 457.

† *An Inquiry into the Causes and Effects of the Variolæ Vaccinæ, etc.*, by Edward Jenner, from second London edition, reprinted at Springfield (with plates) 1802. Further Observations on the Variolæ Vaccinæ, etc., bound with the above. These plates illustrate well the vaccine vesicle, but cannot be compared with the artistically colored plates in the monograph of Ceely. These present, as does the whole work, evidences of the most minute accuracy, are carefully colored by hand, and number nearly, if not quite, one hundred separate illustrations. For this work I am indebted to the kindness of Dr. Billings of the Surveyor General's Library, who kindly put me in the way of obtaining a copy of this rare and very valuable original monograph.

human species.”* Altogether, the commission claims to have inoculated seventeen cows and three horses without a failure. Badcock only, as we have already seen, succeeded in thirty-seven inoculations out of between five hundred and six hundred, or about seven per cent. Ceely met similar difficulties, and such seems to have been the experience of experimenters generally. They claim that in ten of these, vaccination took more or less in four, and failed in six. On vaccinating three children with virus obtained by scraping the papules after their removal from the cow, small-pox was produced. In weighing conflicting evidence it is important to know the character of the men giving it. In this case we have Robert Ceely’s papers with accompanying plates to judge him by, which unfortunately the Lyons commission do not seem to have consulted. Both reports and plates show excessive care and the most minute accuracy. The statements made in the report of M. Chauveau are in opposition in many respects to the facts as given by experimenters generally, and many of them seem to be made carelessly and recorded from memory some time after the experiments had been made. Briefly they state that the inoculation of small-pox in the cow produces a local eruption of pimples “so minute as to escape notice unless one is on the look-out for them;” and which they failed themselves to recognize in the first five cows experimented on, and they say “that most persons who saw this eruption considered that it was the result of inflammatory action round the inoculated part, and was not indicative of a specific infection.”

Robert Ceely before, and LeBlanc and Depaul afterward, obtained the same eruption, and neither of them considered that it indicated an infection of the system. Ceely obtained in his successful cases, not an eruption of minute pimples with scanty or no secretion, but large vesicles with all of the characteristics that go to make up the typical vaccine vesicle. Badcock and Depaul, so far as I can ascertain, obtained a similar eruption. How are we to account then for cow-pox failing to take in six out of the ten cows if the eruption was not that of small-pox? From an experience in the vaccination of over one hundred cows and calves I can safely say that it is no un-

* See Report of Commission as quoted by Trousseau in his *Clinical Medicine*, Vol. ii, p. 118. Also *Vaccine et Variole Rapport per M. M. Chauveau Vicunois et Maynet*, in *memoires et Comptes Rendus de la Soc. des Sci. Med. en Lyon*, Vol. v.

usual thing for several cows vaccinated with great care and with fresh virus (successful in other animals) to fail to take, to develop no vesicles or developing vesicles, to furnish "barren virus." Ceely would probably say that as they had failed from some of the many causes given in his papers (page 399) in producing small-pox in the cow, so they also failed in producing cow-pox. Probably the most likely reason for the non-action of cow-pox in the six cows is that it followed the previous inoculation too soon; so that the skin was in an irritated condition that did not favor absorption of the virus. Lastly, how are we to explain the fact of the three children taking small-pox after being vaccinated with the virus said to have been thus produced? Small-pox seems to have prevailed at Lyons at the time these experiments were being made, and we are told nothing of their surroundings. In 1799 Woodville found when he vaccinated with cow-pox direct from the cow, but with persons surrounded by the effluvium of small-pox in a hospital, that three-fifths of his cases developed a general eruption which proved to be small-pox. Jenner convinced him that small-pox had gained access to the system but not through the virus used, as that when used elsewhere produced typical pocks. Again, if the eruption in the cow was only the result of irritation, as they say many competent observers thought, it is possible that the small-pox virus used may have been simply transferred from the skin of the cow, where it had remained unabsorbed, to that of the child, so that while it failed to infect the cow it yet retained its activity, so that when used on the child it exerted its full force and produced confluent small-pox which resulted fatally in one case at least. To sum up briefly, Ceely's experiments are exact, carefully made and recorded, and above all, his plates enable us to judge of the vesicles that he obtained. From these I think one must conclude that after inoculating with small-pox virus, he obtained vesicles having all the appearances of cow-pox vesicles, and that on the same animal, by a vaccination a few days later than the inoculation, he succeeded in obtaining two sets of vesicles, one the result of small-pox virus and the other the result of cow-pox virus, and both alike.

The report of the Lyons Commission as we have already said is not minute enough, and there are no carefully colored plates to enable us to judge accurately of the vesicles obtained.

There seems evidences of haste. The eruption produced was wholly unlike that considered typical by other experimenters. They were uniformly successful in their inoculations, while all others have failed in at least nine out of ten animals experimented upon. The greatest care and cleanliness is required in experiments of this kind where two viruses are in use at the same time, and may become mixed, the one with the other. The weight of evidence it seems to me is in favor of the modified identity of these two diseases. In 1864 M. Depaul said: "There is no vaccine virus. Vaccine is nothing but modified small-pox, attenuated in its passage through the system of the horse or cow." *

Warlomont, of Brussels, indeed has recently changed his belief in this matter, and whereas he formerly believed the two diseases distinct, he now believes both diseases are caused together with equine, by one virus attenuated in different degrees by the temperature and other surroundings that it meets in each animal, and here for the present we leave the vaccine vesicle. †

THE CLIMATE OF TEHAMA COUNTY, CAL.†

BY JOHN FIFE, M. D., RED BLUFF.

WITHIN the boundaries of Tehama County three varieties of climate are to be found, viz., The climate of the valley; that of the Coast Range mountains; and that of the Sierra Nevada mountains. * * *

The Coast Range reaches an altitude of nearly ten thousand feet; the slope is extremely rugged and broken—though many level spaces or "flats" are to be found, varying in area from one-half to several acres—and is covered, between altitudes twenty-five hundred and eight thousand feet, with a dense growth of forest trees. Game and fish are abundant, furnishing variety in exercise and amusement as well as acceptable addition to the diet. Springs both of pure and mineral water are numerous—notably among the latter, one charged with sulphuretted hydrogen.

* † A Manual of Animal Vaccination, by Dr. E. Warlomont, translated by A. G. Harries, M. D., 1886, Philadelphia.

‡ Read before the Medical Society of the State of California, Session of 1888.

The characteristics of the climate, as I have before stated, are equability, dryness and warmth. It has been claimed by some writers on climatology that this combination of factors is not present in any climate. While this is doubtless true of most climates, and probably of this particular climate during the winter months, it certainly is not true for the months of May to October, inclusive. The daily range of temperature for these months rarely exceeds fifteen degrees. The days are warm, and the sky almost entirely cloudless; and the degree of warmth at night is such that discomfort from cold is never experienced. There being no aqueous precipitation, either in the form of rain or of dew, this fact is of very great importance to the phthisical invalid, enabling him to spend his entire time in the open air. To this, as much as to any other fact, I attribute the great benefit derived by many persons who have sought relief here. I believe this remarkable equability to be peculiar to this climate, and is in striking contrast to that of the Sierras, and even to the western slope of these mountains, where hot days are followed by nights so cold as frequently to be attended by frost, and always by a heavy dew fall.

While sanatoria are indispensable to make this climate available, as a winter resort, it cannot be doubted that the fact of invalids being able to sleep in the open air during six months of the year without danger or discomfort, gives it an immense advantage over all other high altitude resorts with which we are acquainted.

The atmosphere is very dry and pure. The most convincing proof of this is the fact that dead animal matter does not undergo decomposition—it becomes dessicated by abstraction of its watery constituents.

The process of “jerking” venison, which occupies from three to five days in the Sierras, is completed here in two to three days, evaporation taking place very rapidly during the night, as well as during the day—a statement that may be verified by hanging out in the evening wet articles, such as towels or handkerchiefs, when, even in places sheltered from currents of air, they will be found perfectly dry before sunrise. While these facts prove the atmosphere to be very dry, they of course fail to convey any definite idea of the relative humidity. But the atmosphere is essentially the same as that of the valley, modified by altitude and the purifying exhalation of

the pine and other forest trees; and as there are no large bodies of water to increase the humidity—the vapor-laden ocean breezes passing over the summit, meeting with a warmer atmosphere, becomes rarefied and pass entirely over the valley—I think it safe to assume that, allowing for the lower temperature, the relative humidity would not be more than five per cent greater than that of the valley. By consulting the signal service records for Red Bluff, thirty miles distant, I find that the mean relative humidity, computed from the commencement of observations in 1877 and 1883 inclusive, for the months May to October, was 40.85 per cent, which would give us not quite 46 per cent as the mean relative humidity for the coast range in this latitude—an estimate that cannot be far from the truth. We have here then, during the months indicated, a climate which combines in a remarkable degree the factors which constitute the theoretical *ideal* for consumptives; and the weight of experience, in this instance, is confirmatory of the teachings of theory. So long ago as 1860 Dr. James Blake, of San Francisco, quoted in Flint's Practice and Parke's Hygiene, reported several cases of phthisis in which "most favorable results" followed living in the open air in these mountains. Mention is not made, however, of the latitude, a matter of some importance, for the reason that the relative humidity is greater in the more southerly section.

* * * * *

Numerous instances of benefit derived from residence in this climate might be cited, but I will not trespass too much upon your time. * * * * *

In conclusion, when the words uttered by the chairman of this committee at a former meeting are realized, when California shall have become the "world's great sanitarium," the climate of the eastern slope of the northern section of the coast range of mountains, better known, will have taken a foremost position on the list of Resorts for Consumptives.

PHYSICIAN (to Mrs. Colonel Blood of Kentucky)—"How did your husband pass the night?"

MRS. BLOOD—"He asked for water several times."

PHYSICIAN—"H'm! still flighty."

LARYNGEAL PHTHISIS.

BY W. D. BABCOCK, A. M., M. D., LOS ANGELES, CAL.

THERE can be no doubt at the present time of laryngeal phthisis being at times primary. The records of the post-mortems, both in this and the old country, show that it does occur independently, that there can be a tubercular lesion of the larynx without tubercular deposit in any other part of the body. Laryngeal phthisis, as I understand it, is a diseased condition of the larynx, mostly secondary, with a deposit in most cases of tubercle in the mucus membrane, first showing itself by a thickening of the mucus membrane in some part of the larynx, accompanied with uneasiness, pain, and in most cases, when first seen by the physician, ulceration of the soft parts. There is also inflammation of the cartilaginous portions of the larynx. It is in the greater number of cases accompanied with or preceded by a diseased condition of the lungs. Of the post-mortems showing that the disease can occur primarily, the one reported by Dr. W. H. B. Akin, in the *Canada Practitioner* of March, 1887, is interesting. He showed a specimen of the larynx in which tubercular ulcers covered the vocal bands and arytenoid cartilages. Tubercular bacilli were found in abundance. No tubercular deposits were found in the lungs. Orth reports last year a case of laryngeal phthisis; at the post-mortem no lesion could be found in any other portion of the body. By such post-mortem finds as these we can only determine the independent existence of laryngeal phthisis. The diagnosis of the disease in the living subject is comparatively easy, but its existence before lesions are in the lungs is very difficult to determine. We all know how difficult to detect, and unsatisfactory often, the signs and symptoms of incipient phthisis are. It is taking to oneself an extraordinary skill in diagnosis for anyone to say positively, in a case of laryngeal phthisis, that there are no pulmonary lesions. Those who have attended the clinics and post-mortems of some of the continental schools know how often the knife reveals the mistake in diagnosis. Whether it is secondary or primary is not of so much interest to us as its diagnosis and treatment.

The diagnosis of laryngeal phthisis is ordinarily not difficult, for in the greater number of cases we have the signs

very pronounced in the larynx, and these are preceded by the lesions in the lungs. In all cases of laryngeal troubles, no matter of what description, we should examine the lungs carefully. This caution was forcibly impressed upon me by a case I met in the Vienna clinics. It was that of a young, stout Benidictine monk, who was forced to do a great deal of singing. Suddenly he became hoarse. On examination there was found what a number of us diagnosed as a papilloma. It took its origin from under the anterior angle of the vocal bands, coming up between them and filling one-third of the space between the cords. I removed a portion of it and had it submitted to a microscopical examination; tubercle were found in it. An examination of the lungs revealed dullness at both apices. The tumor was let alone.

Of the symptoms most often present we have a clearing of the throat, or hack, and when the trouble has a good hold we have pain in swallowing and talking, and hoarseness. The character of the pain is of great help to aid us in the question of diagnosis between laryngeal phthisis and syphilis. I have not seen this point alluded to by any of the writers, and it has been often of great aid to me in making a diagnosis. In laryngeal phthisis, the pain swallowing or talking is sharp as if a knife or needle was sticking them; while in syphilis, although they complain of great pain, when you come to question them closely you will find it more of a soreness, that the acute pain is absent. It is of the nature of an uneasiness. This character of the pain is almost a pathognomonic symptom between laryngeal phthisis and syphilis. If the two diseases exist together the diagnosis is often difficult. Where they do exist the syphilitic element can be in most cases eliminated by treatment.

In my studies of laryngeal phthisis I find anemia in by far the greater number of cases. Some contend that there is a state of congestion first. This I have only seen in one case. This condition, anemia, is found in the soft palate, pharynx, arytenoids, and particularly in the inter-arytenoid mucus membrane. The anemia with the piling up or thickening of the inter-arytenoid mucus membrane is, I think, the first and most constant sign that we have that will excite our suspicions that we have laryngeal phthisis to deal with. This condition is almost constant, and when found we are justified in

telling our patients, if the question is asked us that we suspect laryngeal phthisis. This we can say even if we can detect no lesion of the lung, as I know of no condition except that of laryngeal phthisis in which the larynx has this peculiar appearance. The other appearances of the larynx in this affection, are the clubbed-shaped arytenoids, thickened epiglottis, and ulceration of both true and false vocal bands, all of these in a greater or less degree. The crowning deciding sign of all is finding the tubercular bacillus. After we have made the diagnosis the question comes, Do cases of laryngeal phthisis get well? As far as my experience goes I cannot say emphatically yes. From the reports of good men I must say they can. I see occasionally upon the streets of Los Angeles a patient of Dr. Cohen of Philadelphia, who diagnosed the case as laryngeal phthisis, giving him a very unfavorable prognosis; treated him; an examination shows a cicatricial condition of the bands. He has no ulceration now, but has trouble at the apex of both lungs.

Hering of Warsaw, the strong advocate of lactic acid, reports cicatrization in eleven cases, lasting from six months to eleven years. In October, 1887, he again reports twenty-seven out of thirty-six new cases as cured. As we progress in our studies of this disease and become more skillful in our manipulations we hear of more successes. Among the younger laryngologists who believe the disease curable, are Gottstein, Bresgen, Krause, Chairi, Roth, Bosworth and J. Sajous. I believe the time has come when we can give such relief in most cases of laryngeal phthisis that the sufferer will think themselves cured; we can cause in many cases cicatrization at least for a time and give relief from pain. Diagnosis being made, treatment is the one thing of greatest moment to all of us. How are we to give the greatest relief to our patients? If we were to follow the teachings of the continental clinical teachers we would be enthusiastic over lactic acid. This drug has at present the strongest hold on the laryngologist. Hering of Warsaw who brought lactic acid into such prominence applies it by making submucous injections, excises the ulcerations or scrapes them as he thinks is indicated, and then applies the acid with a brush. The application is to be rather roughly made, rubbing the acid into the ulceration, even to causing bleeding. The continental throat men consider but little the

patient's feelings; they care little if they cause spasm of the glottis, and they do this often. There are few men who can go into the larynx and make submucous injections or apply the brush and touch just the spot they want. It requires practice and a good patient to do it successfully. It may do good to swab roughly the whole larynx of a sensitive phthisical patient, but I cannot be convinced of it. Where there is phthisical ulceration of the larynx, and lactic acid can be applied without causing much annoyance. I have seen good results from its use. To use it well the patient must have been educated beforehand: that is, applications of a quieting nature must have been made until the patient can hold comparatively quiet. They must hold quiet enough for the person making the application to see just where the brush is going. I believe two-thirds of the so-called throat applications are made to the base of the tongue. To know if the brush has been in the larynx it must come out smooth and be pyramidal in shape; if it is rough or distorted it has not been in the larynx. The lactic acid is used in from a 20 per cent solution to saturation. Beginning with the weaker and working up to the stronger. Of the submucous injection of lactic acid I know nothing, and confess that I would like to see a larynx just before and just after it is made. I am skeptical as to its accurate and successful application. Among some of the recent continental advocates of lactic acid, besides Hering and Krause of Berlin, are Schrotter, Schnitzler, Chairi and Roth of Vienna. Dr. Roth, in a letter to Dr. E. P. Mitchell of Los Angeles, gives as his treatment of laryngeal phthisis the following, he and his students claim good success:

- | | | | | | | |
|------|-------------------|---|---|---|---|------------------------------|
| (1.) | Laudanum, | | | | | |
| | Glycerine, | - | - | - | | of each $\frac{1}{2}$ ounce. |
| | Mix. | | | | | |
| (2.) | Iodine, | - | - | - | - | gr. 1-6. |
| | Iodide of Potash, | - | - | - | - | gr. 15. |
| | Water, | - | - | - | - | drms. 2½. |
| | Mix. | | | | | |

These are to be applied with a syringe or brush as follows: On the first day ten drops of No. 1 and one drop of No. 2, and on each succeeding day add one drop of No. 2 until you have equal parts of each. He speaks well of lactic acid and

iodoform, but uses the mixture the most. The treatment to be of most service must be one that can be used without an extraordinary amount of skill and cause but little irritation to the patient.

With the present spraying instruments much can be done to relieve the unfortunates. The treatment that I have had satisfaction from is as follows: First spraying the larynx with a warm alkaline solution to remove the secretion; then a solution of cocaine of $2\frac{1}{2}$ to 10 per cent, the strength in each case determined by its effects. Then where there is ulceration a powder containing iodol or iodoform. If there is œdema of the arytenoids a mixture of iodine and glycerine. I try to relieve the irritation. The application is made in most cases once daily. In a few cases after the larynx has become accustomed to the applications I have used lactic acid, but not enough to speak with confidence about it. Of the other remedies used I have had little or no experience, but think well of and intend to make use of Rosenberg's suggestion, that of menthol in olive oil, or what I prefer, in ol. petrole. The indications briefly stated in the treatment of laryngeal phthisis are, rest, cleanliness, and stimulating not irritating antiseptics, and any means that will give these will give favorable results. The general bodily condition will demand attention also at the same time.

237 South Spring street.

CARBOLIC SPRAY IN ANTHRAX AND FURUNCLES.

VERNEUIL has had excellent success with the two per cent spray. The atomizer is placed about eight inches from the swelling, and is used three or four times a day, for about twenty-five minutes at a time. The tumor is surrounded with a roll of linen in order to preserve the surrounding region from the irritating action of the acid. In the intervals the swelling is covered with a carbolic compress. This method arrests the development of the smaller tumors, and often renders surgical interference unnecessary, even in voluminous tumors. In every instance it soothes pain.*

* Pittsburgh Medical Review.

SELECTED.

CONTRACTION OF THE UTERUS DURING THE WHOLE OF PREGNANCY.

GOODELL, in his graphic way, tells us of a case of abdominal tumor, which he regarded as an extra-uterine pregnancy. On the day previous to that fixed for operation, while examining the tumor, he noticed that it grew hard under his hand, and concluded that the pregnancy was uterine, which was finally proved to be the case by its termination in natural labor.

Braxton Hicks, who has made these intermittent contractions of the uterus during pregnancy a life-long study, has recently published two papers on this subject in the *Lancet*, January 14 and 21, 1888. The following is a brief résumé of these papers :

1. During the whole of pregnancy the uterus contracts at intervals, which vary much, but commonly last from five to twenty minutes, and it remains in contraction for a shorter time, say from three to five minutes.

2. If the examining hand is placed at the time of contraction on the uterus, the latter will be firm, pear-shaped, and the fetal parts detectable with difficulty, if at all. If the hand is placed on it during the state of rest, or is allowed to remain on it till the firm state is passing off, then the outline of the uterus is indistinctly felt; sometimes it cannot be felt at all, while the fetus can be more or less clearly made out, and can often be pressed with the fingers outside into various positions, even as early as the fifth month.

3. By noting these facts we can generally decide with ease as to the existence of normal pregnancy, to diagnose between this and various tumors, both uterine and abdominal, between pregnancy and distended bladder, and other conditions easily called to mind.

4. These uterine contractions empty the uterine veins, changing carbonized blood for that more ærated.

5. There is probably a constant relationship, between the accumulation of this highly carbonized blood and the fetal movements, and also between the fetal movements and the uterine contractions.

HAIR-TUMOR IN THE STOMACH.

JOHN BERG reports the case of a woman, aged 26, who had suffered for two years with dyspepsia and anemia, and with attacks of vomiting. In the epigastric and left hypochondriac regions was a tumor as large as the hand, with a concave upper and convex lower border. It could not be displaced toward the region of the kidney. The spleen was in its normal position. Laparotomy showed that the tumor was in the stomach, which was opened by an incision three inches long, parallel to the greater curvature. The tumor was composed of hair, short and long, forcibly compressed. It was cut up and removed piecemeal. The whole weighed about 900 grams (28 ounces). The stomach wound was closed by twenty-three sutures in two rows, and the parietal wound in the usual way. Union by first intention. Complete recovery. The mother of the patient stated that when about three years old she had a habit of chewing hair, but the patient denied having done so since she could remember. This makes three cases of operation for hair tumor on record, all successful.*

ANTI-PYRETICS.

ACCORDING to Dujardin-Beaumetz cold baths actually increase the production of heat in the economy. Antipyrin and acetanilide, on the contrary, in some unknown way restrain thermogenesis. The use of these drugs would seem, then, to be preferable to that of the cold bath in hyperpyrexia. In actual practice it is perhaps safe to affirm that the use of antipyretics has not materially diminished mortality.

To this statement at least one brilliant exception is to be noticed in the case of sunstroke. In this, as in the hyperpyrexia of acute rheumatism, and of cholera infantum, we are disposed to attach great importance to the external application of cold. So much real evidence has been accumulated in favor of the judicious use of cold in such cases, that it should not be lightly laid aside in favor of comparatively untried drugs.

In malarial fever quinine is still king.

In the continued fevers the majority of American practitioners have not had satisfactory results from either cold or quinine, and are therefore disposed to give a fair trial to the new antipyretics. They certainly reduce the fever temporarily. That they diminish the mortality is not established. The evidence so far would tend to show that they do not.

* Nordiskt Med. Arkiv. Bd. xix, No. 25.

RULES FOR BATHERS.

THE Royal Humane Society recommends to the notice of the English public a code of rules published by the Society, and entitled "Caution to Bathers." They are as follows:

Avoid bathing within two hours after a meal.

Avoid bathing when exhausted by fatigue or from any other cause.

Avoid bathing when the body is cooling after perspiration.

Avoid bathing altogether in the open air if, after having been a short time in the water, it causes a sense of chilliness with numbness of the hands and feet.

Bathe when the body is warm, provided no time is lost in getting into the water.

Avoid chilling the body by sitting or standing undressed on the banks or in boats after having been in the water.

Avoid remaining too long in the water; leave the water immediately if there is the slightest feeling of chilliness.

The vigorous and strong may bathe early in the morning on an empty stomach.

The young, and those who are weak, had better bathe two or three hours after a meal—the best time for such is from two to three hours after breakfast.

Those who are subject to attacks of giddiness or faintness, and those who suffer from palpitation and other sense of discomfort at the heart, should not bathe without first consulting their medical adviser.

WHEN SHOULD WE OPEN THE BELLY?

THOSE who have acquainted themselves thoroughly with this subject, from a clinical standpoint, are ready to open the wall of the abdomen in any case when death threatens from any cause evidently amenable to surgical procedure, or any cause which is obscure, and which can be only understood after the section is made. In many instances it is substituting an ante-mortem for a post-mortem examination. The difference to the patient is that recovery and cure will often follow the ante-mortem examination, but recovery has never been known to follow the post-mortem examination.*

*Dr. R. S. Sutton.

A SANATORIUM IN BRAZIL.

A SANATORIUM has been established by English enterprise in the highlands of Brazil, at San Paulo, thirteen hours by rail from Rio de Janeiro and three hours from Santos. The latter port is twenty-three days voyage from Southampton, Eng., and twenty-eight days from New York. Great claims are made for the climatic advantages of the town for pulmonary invalids. The atmosphere is dry and exhilarating, and the barometric range so remarkably limited that it does not exceed three-quarters of an inch throughout the year. The average temperature in the hottest month, July, 72°. The average minimum night temperature in January is 64°; in July 49°. The number of days on which there is a brilliant sunshine for the whole or the greater part of the day averages 235 per annum, and such days are pretty equally distributed throughout the year. Unlike the Mediterranean winter resorts San Paulo has no unhealthy season of the year. Invalids are recommended to spend both seasons there, and it is a disputed point which is the more beneficial; but those who like sea-bathing and want a change can go to Santos for sea-bathing in June or July. Two miles from the city a sanatorium has recently been built by an English gentlemen, on a hill commanding a splendid view. It is well drained and supplied with excellent water. It has reception-rooms, billiard and bath-rooms, and every modern convenience; while the town, at present containing a population of 40,000 to 50,000, has the comforts desired by invalids, and is surrounded by a country abounding in pleasant walks and good hunting.—*Boston Medical and Surgical Journal*.

CLIMATE FOR CONSUMPTIVES.

KNIGHT, in the *Boston Medical and Surgical Journal*, makes the following suggestions as to a suitable climate for tuberculosis:

1. Those presenting the earliest signs of chronic tuberculosis of the apex, with morning cough, but little general disturbance, should live out-doors in Colorado or New Mexico, at an altitude of 4,000 to 8,000 feet.

2. More advanced cases, with some consolidation, but no excavation, if the pulse and temperature range below 100, may go to the same localities; but if not, to Aiken, or the pine woods of Southern Georgia. When the morbid processes become quiet, a move may be made to the higher altitudes.

3. Hemorrhagic cases should also go to the high altitudes.

4. Advanced cases with hectic or cavities had better stay at home; unless they are possessed of sufficient means to obtain home comforts elsewhere, when they may be sent to Florida.

5. Cases of acute general infiltration should be kept at home. Those commencing like acute pneumonia should stay at home till the acute symptoms subside, and then remove to some low, dry place, cautiously changing to more elevated localities. Cases of acute exacerbations should pursue the same course.

6. Pneumonic cases, if young, should be sent up the hills. If over fifty, or with dilated heart, or very harrassing cough, Southern California offers a suitable climate.

7. Those who are threatened with tuberculosis after pleurisy or pneumonia should go to high localities.

8. Laryngeal tubercle. For these cases Southern California answers well.

9. Complications may alter these rules.

Dilatation forbids high altitudes, while other cardiac cases should be carefully watched.

Acute nephritis is aggravated by high altitudes, but chronic Bright's disease is benefited.

Patients with intestinal ulcers do badly anywhere.

IODOFORM IN PHTHISIS.—One grain doses given for months, with inhalations of oil of eucalyptus, has given Dr. W. H. Spencer of England good results. He thinks no other special antipyretic than quinine should be used, and that in sulphuric acid solution.

A PECULIAR form of epithelial cancer may be produced by the continuous administration of arsenic. So says Jonathan Hutchinson. Atlea used to claim that he could cure cancer by arsenic. Both assertions are—*tara-diddles*.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

FOSTER'S ENCYCLOPÆDIC MEDICAL DICTIONARY.

FROM month to month we have the pleasure, in our book reviews, of chronicling the publication of excellent medical works from the pens of American physicians, but it has never before been our privilege to have on our desk a work like the one now at hand.

Six years ago we were in New York, and Dr. Foster was at his desk, surrounded by the best medical literature of the

world, writing this work; two years ago we again found him busily engaged in this monumental labor, and last November we for the third time looked in on this devoted scholar and author, interrupting him for a few minutes in his writing, and found him still unflagging in his chosen field. Dr. Foster is about forty years of age, about five feet ten inches high, wears a full brown beard, and has kind blue eyes that give the caller a pleasant welcome before the mouth is opened. He is very much the same style of man as Dr. Brainerd of Los Angeles, or Dr. Henry Gibbons, Jr., of San Francisco—studious, courteous, persevering, enthusiastic. He does the most of his writing in his private office in the editorial rooms of the *New York Medical Journal*, No. 3 Bond street. He sits on a high stool, surrounded by a corps of copyists and other assistants. Silently he works, hour after hour, only stopping now and then to roll and light a cigarette, which seems to be his constant solace.

Gradually as he became interested in this dictionary he relinquished his private practice until now he devotes almost his whole time to literary work in the field of medicine.

We have long felt the need of a medical dictionary. Dunglison's is behind the times, and Thomas' is incomplete and disappointing. In Foster's *Encyclopædic Dictionary* we have the complete medical dictionary that has long been sorely needed.

This is the one work that every progressive physician of every school must have. There are various authors to choose from in purchasing a work on Surgery, Therapeutics, Gynecology or Obstetrics, but in selecting a medical dictionary Foster's so far surpasses all others that it can truthfully be said to have the field to itself.

The recent graduate in medicine, who already has the working library he required at college, should first supply himself with this dictionary, and he can then make further additions to his library at his leisure. America leads the world.

URÆMIC CONVULSIONS IN CHILDREN.—Churchouse reports success with injections of pilocarpine, one-third of a grain. Five injections were given in five days. The bowels were kept open by eleatorium.

EDITORIAL NOTES.

WE enjoy the *Brooklyn Medical Journal*. It has taken a prominent position among the American medical monthlies.

The Quarterly Compendium of Medical Science, edited by Charles W. Dulles, M. D., Philadelphia, is a valuable publication.

Stoll & Thayer, booksellers and stationers, and publishers of the SOUTHERN CALIFORNIA PRACTITIONER, have removed to 47 South Spring street.

The Texas Health Journal, edited by that distinguished medical writer, Dr. J. R. Briggs, of Dallas, comes to our table brimful of reading matter.

Merck's Bulletin, a periodical record of new discoveries, introductions, or applications of medical chemicals, is well worth its subscription price of fifty cents per year.

Three St. Paul and Minneapolis medical colleges have been consolidated into one, which is the Medical Department of the State University, and is located in Minneapolis. Dr. F. A. Dunsmoor, so well known in Los Angeles, is Professor of Clinical Surgery.

Dr. W. W. Ross has recently received the appointment of Assistant Surgeon-in-Chief of the Santa Fé Railroad, with headquarters in Los Angeles. This is an act that reflects credit on the Company. Dr. Ross has lived in California many years and is known throughout the State as a first-class surgeon. We are glad to see California men appointed to fill California positions.

Prof. Wm. H. Pancoast of Philadelphia recently illumined the professional circles of Los Angeles with the benignant light of his countenance. He is a brilliant conversationalist as well as a skillful surgeon, and the leading members of the profession in this vicinity gathered around him in the hotel parlors and spent an evening drinking in his beautiful picturesque language as he told of the Yellowstone Park, the "antiphlogistic touch" and the fall of the Jefferson Medical College "through Bartholowism." The profession of California allow Dr. Pancoast the well merited honor of having been the first to introduce the last mentioned euphonious phrase to the Pacific Coast.

At the recent commencement of the College of Physicians and Surgeons, New York, Henry Lawrence Shively, B S., received the Harsen prize of \$150, together with a medal and diploma, for the best report of the clinical instruction given during four consecutive months at the New York Hospital. He was also one of the ten Honor-men in the class of 1888. Beginning with 1888-89 the College of Physicians and Surgeons will require three years' attendance, the same as San Francisco and Los Angeles schools. We are glad to see such progressiveness in the Eastern schools. It is to be hoped that Bellevue, the University of New York, Jefferson and Rush will soon follow the California example.

Wish it was contagious. A few days since a China boss consulted a Los Angeles physician in regard to a man employed by him, who had been sick for several months. The boss stated that "one bad woman down town make him sick," which was a fact. On finding out the cost of cure he declined to put up so much, and rising to go he asked, "How much you charge for your time taken up?" And being told the charge for a consultation smilingly deposited the fee, and bowed himself out.

We had a pleasant call from Dr. C. E. Fisher, editor of the *Southern Journal of Homeopathy*, Austin, Texas. The doctor is a bright, progressive, scholarly editor. He is very proud of the action of the American Institute of Homeopathy at its recent meeting at Niagara Falls in adopting a resolution that no Homeopathic school would be recognized that did not require at least three years' attendance.

Dr. Lawson Tait is a great surgeon, but an unreliable writer. "Normal ovaries were whipped out in this country, I know, and I think also in America, by the bushel, heedlessly and only because Marion Sims praised Battey's operation," is one of numerous reckless statements he made in a recent letter to the *Medical and Surgical Reporter*.

Dr. J. Milner Fothergill, the eminent English practitioner and voluminous writer on medical subjects, is dead.

The Faculty of the Medical Department of Harvard have decided not to require a four years attendance.

Dr. W. R. Fox of Colton is away on a pleasure trip to Honolulu.

Dr. Ruggles of Stockton, member of the State Board of Health, traversed Southern California recently and emitted brilliant sparks of wisdom to various newspaper reporters.

The Transactions of the Medical Society of the State of California, for 1888, is at hand and reflects credit on Dr. G. F. G. Morgan, the chairman of the Committee on Publication.

A squib is going the rounds of the dental journals, stating that Dr. Parmlee Brown, of Flushing, L. I., made a set of teeth for his cow. Pshaw! we know a dentist up in Oregon who made teeth for his whole herd of cattle, making sometimes a full set for a horse or mule. And we also know of a country editor who furnished his paper two years for a yearling heifer.

GYMNEMIC ACID is derived from an Indian plant. If a few drops of the acid, well diluted with water, be taken into the mouth, the capability of perceiving either bitter or sweet tastes will be lost for two or three hours. Gingerbread will taste only of ginger, and quinine gives the sensation of "so much chalk."

DETECTION OF CONCEALED INSANITY BY THE USE OF NITROUS OXIDE.—Hamilton relates cases in which patients, who carefully concealed their delusions, were made to display them fully while under the influence of nitrous oxide. He believes the gas to be very useful, also, as a therapeutic measure in various mental disturbances, by effecting a diversion of morbid thought, or a temporary suspension of memory.

MADE TO TESTIFY AGAINST A DEAD CRIMINAL.—Dr. Stewart of Detroit was compelled by the Court to state when, where, and for what he had treated a dead criminal. The prosecuting attorney was peremptory in demanding an answer from the witness. He said that the law did not recognize medical ethics to the extent of concealment of crime, and Dr. Stewart was bound to tell when, where, and for what he attended the dead man; but if the man were alive he need not tell what the man said if what he said would criminate him; but the man being dead, it was the doctor's duty to aid the cause of justice by telling all that passed between himself and the burglar.

CORRESPONDENCE.

RACHEL L. BODLEY, M. D., DEAN OF THE WOMAN'S MEDICAL
COLLEGE OF PENNSYLVANIA.

THE particulars relating to the death of Prof. Bodley did not reach Los Angeles in time for reference in the July number of THE PRACTITIONER, which will account for this seeming late notice.

In extended articles in journals from all parts of our land, referring to her life and scientific work—in the Resolutions of the Faculty of the Woman's Medical College of Pennsylvania—we heartily concur; but to one whose privilege it was to be not only her pupil, but a member of her family for many months, the warmest words of eulogy seem cold, and we can only say, Rest in peace, thou noblest among noble women.

240 S. Fort street.

ELIZABETH A. FOLLANSBEE.

DR. SHUEY'S CAMPING EXPEDITION.*

SANATORIUM, LAMANDA PARK,
July 26, 1888.

E. A. FOLLANSBEE.—*My Dear Doctor:* I was in town yesterday and intended to call upon you, but my time was filled, as usual, with purchasing Sanatorium supplies.

I have decided to take my guests out camping; I, myself, will enjoy the change, and the sick need it very much. We are going to San Antonia Cañon, our station being Lordsburg, on the Santa Fé R. R.

I write to ask you if you have any patients whom you would like to send to "rough it." We shall camp at an altitude of about 3,000 feet. A fine mountain stream, filled with speckled mountain trout, flows by the camp. We are also assured of good hunting. Above all, we shall have an abundance of pure mountain air free from fogs and dampness. Living out-of-doors will be a delight. I shall take good beds (spring with hair mattress), and our eating will be in genuine camping fashion, with the luxury of a good cook and supplies not very difficult to obtain.

* We are permitted to publish this personal letter from Dr. Shuey.—ED.

I know what camp-life is, and the discomforts to be avoided. I should like to add a few more to my numbers. I can provide for about twenty people, and give them the care they need. Send your nervous, or dyspeptic, or those needing rest, as well as your pulmonary patients. The out-door life, you know, will be good for them all. I shall charge same as at Sanatorium, from \$12.50 to \$15.00 per week, and will send carriage to station for those coming, the ride from there to camp being six miles.

I shall take my helpers from the Sanatorium, enough to attend to the work; shall take two cows and several horses. I go the 6th of August, and any communications will reach me at Lordsburg, about thirty-five miles from Los Angeles. I should like to make my party complete soon. I shall stay from six weeks to two months, if the change benefits my patients.

Yours with sincerity,

SARAH I. SHUEY.

LETTER FROM AN OLD MAID.

SAN DIEGO, CAL., Aug. 2, 1888.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER.—*Gentlemen:* I notice on page 272 of the July issue of your journal that one of your numerous editors growls about his cooking, and says, "Women should spend more time learning to conduct a house, and less screeching, 'Drink to me only with thine eyes.'"

Now, I know nothing about the personnel of your corps of editors, but I would be willing to wager a fountain syringe against a half pint of Laplace's sublimate solution that the editor who wrote the above is a bachelor, and that he has been housekeeping.

In my opinion the chief cause of indigestion is the rapidity with which men bolt down their food. Nine men out of ten eat as though they had but ten minutes for refreshments and were afraid the train would leave ahead of time.

Yours hopefully,

MARY J. S——, M. D.

"QUACKERY", says Dr. Holmes, "hobbles along on two crutches, the tastes of women and the certificates of the clergy."

BOOK REVIEWS.

A SYSTEM OF OBSTETRICS BY AMERICAN AUTHORS. Edited by BARTON COOKE HIRST, M.D., Associate Professor of Obstetrics in the University of Pennsylvania; Obstetrician to the Philadelphia and Maternity Hospitals; Gynecologist to the Orthopedic Hospital; Fellow of the College of Physicians of Philadelphia, etc. Vol. I. Illustrated with a colored plate and 309 engravings. Philadelphia: Lea Brothers & Co. 1888.

The list of contributors to this volume contains the names of some of our most expert practitioners and teachers of obstetrics, and they have thoroughly kept in view the editor's object, to present a treatise "especially adapted to our conditions and surroundings."

The first article on the history of obstetrics is from the pen of Engelmann, and, as may be inferred from his well known enthusiasm for the subject, he is here thoroughly at home. He ends the article by an inquiry into the reason for the mortality of home confinements being greater than of those occurring in first-class hospitals:

"In the hospital all operations, including the most dangerous, are performed with scarce a rise of temperature. * * Why is this so? * * The dangers of the hospital are evident and have been overcome, but those which lurk in the home are more occult and hence are ignored; the same care, the same cleanliness should be exercised in hospital and residence. The introduction of the perfected prophylactic methods into private practice will prove the crowning glory of modern physiological obstetrics, and will at once reduce the fearful mortality of physiological labor to an imperceptible percentage."

So say we all! But will the average practitioner ever learn to thoroughly disinfect himself before attending midwifery cases, until a knowledge of the causes of post-partum sepsis is spread among the laity, and the district attorney is called upon to prosecute for manslaughter the physician who through ignorance or recklessness conveys puerperal fever to his patients?

Passing over two excellent articles on the physiology and histology of ovulation, by H. W. Martin, and on the development of the fetus, by Hirst, the next in order is one on the physiology and pathology of pregnancy, by Laggard. From the innumerable practical hints here given we wish to reproduce one, on the application of argentic nitrate solution to the cervix in the vomiting of pregnancy:

"The woman is placed in the lithotomy position, and after a vaginal douche, Braun's hard-rubber cylindrical speculum is introduced and the vaginal portion engaged within the field. A ten per cent solution of nitrate of silver is poured in until the vaginal portion is completely covered; after ten or twenty minutes the solution is decanted." This procedure is used in Vienna in all cases of severe vomiting, and so successful is it that it should always be resorted to before using more radical methods.

With the article on the phenomena and conduct of natural labor, by Busey, we must find some fault. It is exceedingly verbose and minute, and yet just where minuteness is essential we find it wanting. We are told to pay strict attention to antisepsis, but not how to do it. Does it occupy more space to tell us to wash our hands in sublimate solution 1:1000 than to use the vague term, "some disinfecting solution"? In another place we are advised to use an antiseptic fluid containing as the efficient agent less than one-fifth of one per cent of carbolic. This, we suppose, is called an antiseptic solution on the *lucus a non lucendo* principle, because the perennial microbe would increase and multiply in such a liquid.

Penrose's article on the mechanism of labor is beyond criticism. The graphic description of his discovery of the cause of rotation in mento-posterior positions deserves to become classical.

Reeve's article on anæsthetics in labor, and Parvin's on the anomalies of the forces of labor, are unexceptionable.

If the concluding volume of this work shall equal this, the profession of America will have reason to congratulate itself on possessing the best treatise on the subject in the English language.

THE SURGICAL DISEASES OF THE GENITO-URINARY ORGANS, INCLUDING SYPHILIS. By E. L. KEYES, A. M., M. D., Professor of Genito-Urinary Surgery, Syphilology and Dermatology in Bellevue Hospital Medical College, etc., etc. A revision of Van Buren & Keyes' Text-book upon the same subjects. Pages 704. New York: D. Appleton & Co. 1888.

Since the original issue of the old work, litholapaxy has had its birth; epicystotomy has been "born again"; the surgery of the kidney has been constructed anew, and many other advances have been made. On most of these subjects our author is a recognized authority, and one whose great merit has always been an entire readiness to change his opinions and teachings step by step with every real improvement in the specialty of which he is a master.

It may not prove out of place to briefly outline the position of Prof. Keyes (which is that of the vanguard of the profession) as to some of the operations mentioned.

Litholapaxy, or crushing a stone and washing its fragments from the bladder at one sitting, should now be employed in all cases where the calculus is not of phenomenal hardness or of very great size; where the nucleus of the stone is not a foreign body unsuitable for

crushing (glass, lead, etc.), and where complications calling for drainage, such as a tumor or intense vesical inflammation, do not exist.

Epicystotomy, or the supra-pubic operation, is the proper procedure where the stone or foreign body is very large, or is encysted; in some cases of tumor, and in many cases of enlarged prostate. The mortality from this operation is still very high. It is then simply criminal to make it, in cases suitable for crushing. We wish to emphasize this point, as we have observed in some quarters a great leaning toward the high section, on account of its brilliancy and the ease with which it may be made. But no operation can be termed brilliant which ends in the death of the patient.

Böckel's mortality in the high operation has been 44.4 per cent; Guyon's 47.3; Diffel's 55.5. Without detailing the statistics of crushing (six per cent is not considered a high mortality for this operation), it may be said in a general way that "the comparison is overwhelmingly in favor of litholapaxy." Wonderful results have recently been obtained, by this operation, in children. (Cf. Keyes, in Sajous' *Annual of the Universal Medical Sciences*, 1888.)

It is noticeable, then, that the cases remaining for perineal cystotomy are but few.

A word as to the technique of these operations. It seems probable that any surgeon competent for perineal lithotomy can successfully make a litholapaxy or an epicystotomy, provided he first faithfully practices on the cadaver, with the proper instruments.

"No one should adopt this operation without practicing it well beforehand, outside the bladder."—Cadge.

Finally, "the choice of a mode of cure in a given case is not to be decided by personal preference or by partisan feeling; it must be determined entirely in the patient's interest, and after careful study of the case."—Van Buren.

We cannot conclude this notice without calling attention to the value of incision, drainage and irrigation, in cases of enlarged prostate and chronic cystitis, not amenable to other treatment. These cases always terminate fatally after frightful suffering, and in the opinion of our author—an opinion which will be backed by every observing physician—should invariably be operated upon. Without careful after treatment, however, operations in such cases will often result in disappointment.

Dr. Keyes has furnished us with a reliable guide to a vitally important class of cases.

F. L. H.

STATISTICAL REPORT OF 5,700 CASES OF EAR DISEASES, Classified by Age, Sex, Occupation and Disease; Causation. By S. S. BISHOP, M. D., Surgeon to the Illinois Charitable Eye and Ear Infirmary, Chicago. Read in the Section on Otology of the Ninth International Medical Congress. Reprinted from the *Journal of the American Medical Association*, December 17, 1887. Chicago: Printed at the office of the Association. 1887.

AN ILLUSTRATED ENCYCLOPÆDIC MEDICAL DICTIONARY.

Being a Dictionary of the Technical Terms used by writers on Medicine and the Collateral Sciences, in the Latin, English, French and German languages. By FRANK P. FOSTER, M. D., Editor of the New York Medical Journal; with the collaboration of William C. Ayres, M. D., New Orleans; Edward P. Bronson, M. D., New York; Charles Stedman Bull, M. D., New York; Henry C. Coe, M. D., M. R. C. S., L. R. C. P., New York; Andrew F. Currier, M. D., New York; Alexander Duane, M. D., New York; Simon H. Gage, Ithaca, N. Y.; Henry J. Garrigues, M. D., New York; Charles B. Kelsey, M. D., New York; Russell H. Nevins, M. D., New York; Burt G. Wilder, M. D., Ithaca, N. Y. Vol. I, with illustrations. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1888. Sheep, 752 pp.

We look upon this as the most notable medical work of the nineteenth century. Every studious physician has frequently felt the need of such a work of reference. It reflects honor on the profession of America that it is being written entirely by American physicians. In the preface Dr. Foster says: "The value of a dictionary seems to me to depend upon its accuracy, the convenience of its arrangement, and its comprehensiveness; and in the preparation of this work those qualities have been esteemed in the order in which they are here enumerated."

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM. By AMBROSE L. RANNEY, A. M., M. D. 2d edition, rewritten, enlarged and profusely illustrated. 791 pp. New York: D. Appleton & Co.

The present edition comes to us so much enlarged and improved that it bears but little resemblance to the former edition. The advances in our knowledge of cerebral function and localization made in the last few years have been so great that it was found necessary to re-write the chapters devoted to the brain. Now nearly half the work is devoted to that subject, and gives a very good exposition of the present status of cerebral function and localization. It also includes Horsley's views on cerebral surgery. The work is very largely a compilation, but has the merit of connecting the symptomatology with the anatomy and physiology in such a manner as to be comprehensible to one who is not a specialist in nervous diseases. The work is profusely illustrated, many of them from the standard works of Sappey, Hirschfeld and others, and are finely executed. The value of the book as a work of reference is much enhanced by a carefully prepared index, and the whole work is of unusual typographic excellence, and we feel sure will fill "a long felt want" with those who wish to keep abreast of the times in the study and treatment of nervous diseases.

B.

AN ASEPTIC ATMOSPHERE. CLUB FOOT. A RECTAL OB-
STRUCTOR. PALATOPLASTRY. By DAVID PRINCE, M. D.,
Jacksonville, Ill. : Journal Press. 1888.

VOLKSTHÜMLICHE DEUTSCHE, ARZNEIMITTEL-NAMEN.
Abdruck Aus Dr. Fr. Hoffman's Pharmaceutischer Rundschau.
New York : Druck Von Wirsing and Walther, 25 Beekman street.
1888.

A VALUABLE LESSON FOR THOSE WHO USE ANÆSTHETICS.
By JULIAN J. CHISHOLM, M. D., Professor of Eye and Ear Diseases
in the University of Maryland, and Surgeon-in-charge of the Pres-
byterian Eye and Ear Charity Hospital at Baltimore City. Read
before Baltimore Academy of Medicine.

ON THE USE OF THE VAGINAL TAMPON IN THE TREAT-
MENT OF CERTAIN EFFECTS FOLLOWING PELVIC IN-
FLAMMATIONS. By THOMAS ADDIS EMMET, M. D., Surgeon to
the Woman's Hospital in the State of New York, New York. Re-
printed from The New York Medical Journal, for February 18, 1888.

STRICTURE OF THE URETHRA. URETHROTOMY UNDER
COCAINE ANÆSTHESIA. By HENRY J. REYNOLDS, M. D.,
Professor of Dermatology in the College of Physicians and Surgeons;
Professor of Skin and Genito-Urinary diseases, Chicago Policlinic;
Chief Dermatologist to the West Side Free Dispensary; Surgeon
to the Department for Genito-Urinary diseases, West Side Free
Dispensary, etc. A clinical lecture delivered at the College of
Physicians and Surgeons, Chicago, Ill. Stenographic report by
William Whitford. Chicago: Reprint from Western Medical Re-
porter, April, 1888.

THE ORTHOPEDIC TREATMENT OF PARALYSIS OF THE AN-
TERIOR MUSCLES OF THE THIGH. By A. B. JUDSON, M. D.,
New York. Reprinted from The Medical Record, February 4, 1888.
New York : Trow's Printing and Bookbinding Company, 201-213
East Twelfth street. 1888.

THE ISCHIATIC CRUTCH. By A. B. JUDSON, M. D., New York.
Reprinted from The Medical Record, June 25, 1887. New York :
Trow's Printing and Bookbinding Company, 201-213 East Twelfth
street. 1887.

DISARTICULATION OF THE RIGHT HALF OF THE LOWER
JAW FOR ENCHONDROMA. By W. D. HAMILTON, M. D.,
Columbia, Ohio. Reprinted from The New York Medical Journal
for October 8, 1887.

A NEW METHOD IN THE TREATMENT OF THE VEGETABLE
PARASITIC DISEASES OF THE SKIN. By HENRY J. REY-
NOLDS, M. D., Professor of Dermatology, College of Physicians and
Surgeons, Chicago; Professor of Skin and Genito-Urinary Diseases,
Chicago Policlinic; Chief Dermatologist of the West Side Free Dis-
pensary; Surgeon to the Department for Genito-Urinary Diseases,
West Side Free Dispensary, Chicago, Ill., etc. (Read before the
Section on Dermatology, Ninth International Medical Congress,
Washington, D.C.). With extract from a corroborative article by E.
Charon, M. D., and G. Gevært, M. D., Hospital De St. Pierre, Brus-
sells, Belgium.

ON EXERCISE FOR THE PREVENTION AND CURE OF DE-
FORMITIES. By A. H P. LEUF, M. D., of the University of Penn-
sylvania, Philadelphia. From the Medical and Surgical Reporter,
March 31, 1888.

- ONE HUNDRED AND TEN LAPAROTOMIES FOR THE REMOVAL OF THE UTERINE APPENDAGES. Sixty-one consecutive operations without a death. By Prof. W. GILL WYLIE, M. D., New York. (Reprint from Annals of Gynecology, December, 1887.)
- PROFESSIONAL PATENTS. By W. STORER HOW, D. D. S., Philadelphia, Pa. Read before the Mississippi Valley Dental Association, at Cincinnati, Ohio, March 7, 1888.
- REMARKS ON THE VESICO-URETHRAL ERETHISM PECULIAR TO LOCOMOTIVE ENGINEERS. By JOHN BLAKE WHITE, M. D., Physician to Charity Hospital, Consulting Physician to House of Refuge. Reprinted from the Journal of Cutaneous and Genito-Urinary Diseases, May, 1888.
- CATALOGUE OF THE PROTESTANT COLLEGE, Beirut, Syria. 1887-88. Printed at the American Mission Press, Beirut, Syria, 1888.
- THE EXTRACTION OF CATARACT, as Influenced by Mycological Development. By A. E. PRINCE, M. D., Jacksonville, Ill.
- RATIONAL OR LIBERAL MEDICINE. An Address delivered by J. P. WIDNEY, A. M., M. D., Dean of the College of Medicine of the University of Southern California, before the Unity Club of Los Angeles.
- THE PULLEY METHOD OF ADVANCING THE RECTUS, with Indications for its Employment. By A. E. PRINCE, Jacksonville, Ill. Ophthalmic Review, Sept., 1887, and St. Louis Medical and Surgical Journal, March, 1888.
- A YEAR'S WORK IN ABDOMINAL SURGERY, with a Report of Eighty Laparotomies done in 1887. By W. GILL WYLIE, M. D., New York. Reprinted from the Medical Record, March 31, 1888. New York: Trow's Printing and Bookbinding Co., 201-213 East Twelfth street. 1888.

A LESSON IN SEPTIC SURGERY.

KEEN relates a case in which pyemia and death followed an injury to the toe by a sliver, and thus wisely moralizes:

"The proper course to pursue would have been to etherize the patient, and to make a free incision at the site of the wound, so as to be sure that the entire splinter was removed immediately, and as the wound was so near a joint to determine the fact whether this joint was involved or not. * * The wound should have been most carefully disinfected, and an antiseptic dressing applied." K. recognized in the case from the patient's previous history, and from that of his family, the existence of a *suppurative tendency*. This "would be the very strongest possible reason for *extra* precautions to prevent any septic trouble." *

THE SOUTHERN CALIFORNIA PRACTITIONER.

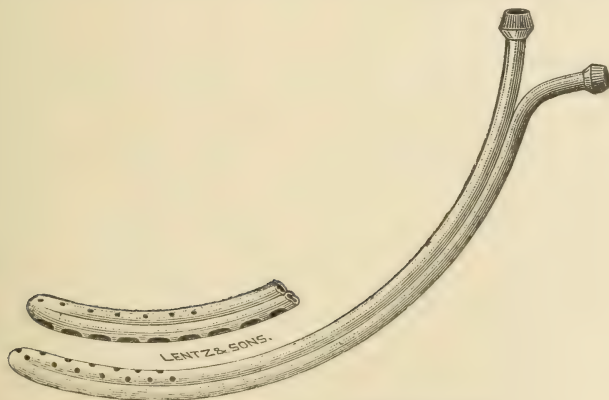
VOL. III. LOS ANGELES, CAL., SEPTEMBER, 1888. No. 9.

ORIGINAL.

TREATMENT OF INEVITABLE ABORTION.*

BY JOHN R. HAYNES, M. D., LOS ANGELES.

WHEN summoned to a case of miscarriage, take with you a bag containing a fountain syringe, double uterine tube of small calibre (diameter one-quarter inch), strong copper cuvette, sublimate tablets, iodoform gauze (in screw-top preserve glass, some of the gauze cut in strips one-half inch broad), absorbent and non-absorbent cotton, baked, in jars or cans, pepper-box filled with boric acid, bivalve speculum, C. H. Thomas' applicator, Goodell's modified dilator, uterine tenaculum, strong short blunt vulcellum forceps, ether, and two yards of rubber cloth. The instruments, *especially the double*



DOUBLE TUBE FOR INTRAUTERINE IRRIGATION.

A smaller and less curved tube is more generally useful for miscarriage cases; as its diameter is only one-quarter inch, it can often be introduced into the non-pregnant uterus, without previous dilation. Large exit holes and a deep gutter on either side of the tube insure the complete discharge of the irrigating fluid. Both the small and the large tube can be procured from Sale & Off, 263 South Spring street, Los Angeles.

* Read before the Los Angeles County Medical Society, Aug. 3, 1888.

tube, should be thoroughly cleaned and *well boiled*, before and after.

Having made a vaginal examination, after thoroughly disinfecting your hands, and the vulva and vagina of the patient by irrigation, I will assume that you consider the abortion inevitable. Your course will be governed by circumstances.

1. The pregnancy is of less than eight weeks duration, there is but little bleeding or pain at the time of your visit, the finger cannot be passed into the uterus.

If the patient is convenient, so that you can be readily called, do nothing at your first visit except to enjoin confinement to the house, abstinence from decided exertion, and copious vaginal injections of hot water.

If the patient is not very accessible you will follow this course :

The patient is placed across the bed with her hips brought well to the bed's edge, rubber cloth is adjusted so as to thoroughly protect the clothing and bedding and to convey into a bucket the water used in thoroughly irrigating the vulva and vagina, which you next do, first with simple hot-water and then with 1:4000 sublimate solution. Introduce bivalve speculum, seize the anterior uterine lip with the tenaculum and, by means of the sound and applicator, introduce into the cervical canal as many strips, one-half inch wide, of iodoform gauze as possible. Pack the vagina rapidly with small balls of baked non-absorbent cotton well dusted with boric acid.

In from twelve to twenty-four hours, according to the urgency of the case, you return, and will frequently find that both ovum and decidua have been expelled. Such being the case, introduce your finger into the uterus and make absolutely certain that no portion of the decidua remains, then wash out uterus with double tube. If, however, you cannot introduce the finger, and from their appearance you are certain that the ovum and decidua have been expelled entire, you merely prescribe hot-water injections, in the absence of symptoms. If on removing the tampon you find that the contents of the uterus have not escaped, your patient being across the bed as before described, etherize and with your finger shell out the ovum and decidua.

If the os is not sufficiently dilated to allow the introduction of the finger, introduce the speculum, seize the anterior uterine lip with the vulcellum forceps and gently dilate with Goodell's dilator; then use finger as just directed and wash out uterus with double tube and fountain syringe. Frequently the fingers may be used as dilators, beginning with the little finger and next using the index. When using the finger as a curette, use the index finger, introducing the entire hand into the vagina, if necessary, and keep the uterus apposed to the curetting finger, by pressure applied with the left hand through the abdominal walls. Frequently the uterus may be pushed down almost to the mouth of the vagina, and the uterus curetted thoroughly with the finger without introducing the whole hand into the vagina.

2. The decidua of an embryo of eight weeks or less remains behind as is evinced by hemorrhage, offensive lochia, pain or fever, the embryo having escaped. (All or any of these symptoms may be absent; bleeding is present in nearly every case.)

If the os will admit the finger, etherize and scoop out. If it will nearly admit the finger, dilate slightly with the finger or with Goodell's dilator, and shell out. If the os be entirely closed, and the symptoms not urgent, tampon the cervix as before described, with iodoform gauze, and the vagina with baked borated cotton; then wait twenty-four hours, and if still you find it impossible to introduce the finger use a blunt but strong curette and gently but firmly pass it over the entire endometrium. A little fluffy material is all you will sometimes get; at other times you will be astonished to see a big piece of decidua pass at once or next day. In most cases no dilation is required to use the curette. Where large masses of decidua or placenta are present do not use the curette, but the finger. But the curette is excellent for the removal of small placental or decidual tufts. In deciding whether to use it you can be guided to some extent by the amount of hemorrhage, and the size of the uterus, as marked out by bimanual examination.

In using the curette fill the speculum with 1:4000 sublimate solution and curette through it. Having loosened the decidua with the finger or curette, you will sometimes have difficulty in getting it out of the uterus. Introduce two fingers behind the uterus in the vagina and press with other hand on uterus through abdominal walls, or use Goodell's placental forceps, or a pair of slender ovarian pedicle forceps. After all these procedures use double tube with hot water, then sublimate solution (1:4000), then hot water so as to avoid possibility of mercurial poisoning.

The wire curette of Thomas, as found in the shops, is so flexible as to be useless. The inexperienced physician should use the curette with great care, and it should rarely be used in cases suffering from pyo-salpinx or tubal diseases. Should difficulty be found in introducing the double tube into the uterus after using the curette, on account of insufficient dilation of the cervix, then swab out with absorbent cotton saturated in twenty per cent carbolic solution, or 1:1000 sublimate solution. But a slight stretching of the internal os with the dilator will enable you to insert the tube.

3. Miscarriage during third and fourth months. If symptoms are not urgent, wait twelve to twenty-four hours; after

that, if labor has not terminated spontaneously, etherize and empty uterus with finger. You can generally introduce finger without using dilator, but if not use it gently, or use iodoform gauze.

4. After the fourth month the treatment is the same, except that you tampon until nature has dilated the cervix naturally, if possible, as it is not desirable to dilate artificially to such an extent as would be required to allow such a sized head to pass. However, dilation with iodoform gauze is perfectly safe and efficient when strict antisepsis is employed.

AFTER-TREATMENT.

Rest, absolute for two weeks and modified for two weeks more. The internal administration of one-third drachm Squibbs' fl. ex. ergot thrice daily for ten days, then one-sixth drachm for ten days more; copious hot-water injections twice daily per vaginam and uterine injections with double tube if temperature rises higher than 101° , unless the rise is thoroughly explained by local inflammation. Attention should be paid to general health.

GENERAL REMARKS.

Tents should never be used under any circumstances, either in cases of abortion or for any other purpose. They are deadly instruments and their victims are legion. Dilation by iodoform gauze is the ideal method; but it is slow, sometimes taking three days. The gauze should be renewed daily.

Now, gentlemen, in conclusion, and at the risk of being thought tiresome, let me insist upon the necessity of strict antisepsis in each and every detail of the foregoing procedures, upon putting your patient in a convenient position, and upon the use of the double tube and fountain syringe. Ether should generally be given, except for mild curetting. Leave nothing behind that should be removed. Watch the temperature: a rise indicates deficient antisepsis in the very great majority of cases.

CASES.

I. Ilpara, living at Pomona. Taken at sixth week with flooding; a neighboring physician was sent for, but, as the patient expressed it, he did nothing except to "give those black drops [ergot] and say it would come all right." For

five weeks the patient bled, when the writer was summoned; patient weak, nervous, and anemic. She was etherized, the womb was gently pushed down by the hand, the finger pushed with some difficulty to the fundus, and a mass of decidua size of a hickory-nut removed. Rapid recovery.

The uterus should have been evacuated by the practitioner who first saw the case, either by curette or by the finger after dilation.

II. *Ipara*, abortion at six weeks. Five weeks after I was summoned because of constant oozing. The uterus was small, cervix hard and os contracted. Ether; dilation with some difficulty by Goodell's dilator; removal of small tufts of decidua size of pin-head by finger. Rapid recovery.

Here all that was required was the gentle application of the blunt copper curette, without ether, under strict antisepsis. The size of the uterus should have informed me of the true state of the case.

III. *VIpara*; was summoned to check moderate hemorrhage after an abortion at eight weeks. Uterus large, os somewhat patulous. The curette, without ether, brought but little away, but next day a very large piece of decidua passed. Rapid and complete recovery.

Here, again, the large size of the uterus should have warned me that this was not a case for the curette. I should have etherized, dilated with finger or with Goodell's instrument, and cleaned out the womb with the finger.

IV. *Nullipara*, unmarried. I saw the patient seven days after the expulsion of an eight weeks embryo, which had been brought about by probing the uterus with a knitting-needle. The pulse was 140, temperature 104° ; abdominal pain, tenderness, and ballooning; offensive bloody discharge; finger was introduced to internal os, where a fragment of decidua was detected; ether, thorough disinfection of genital canal, removal of several pieces of decaying decidua by the finger (they could not have been removed by the curette, as they were tightly adherent). The vagina and then the uterus were now thoroughly washed out again by double tube and fountain syringe, using first two quarts very hot water, then a quart of hot sublimate solution 1:10,000, then two quarts of hot water. (A point I wish to make in such cases is this:

disinfect from below upward, first the vulva, then the vagina, then the cervical, then the corporeal endometrium. Then you will make certain that you are not carrying septic matter upward with fingers or instruments.) Rapid recovery.

V. Multipara, pregnant five months; stinking reddish discharge, escape of amniotic fluid; general health failing. As the patient was extremely frail, it seemed important that if miscarriage were inevitable it should take place as soon as compatible with safety. As no pains were present, it seemed that the case might linger for weeks or months. A consultation decided that the bag of waters was ruptured and that miscarriage could not be prevented. The hands of the attendants and the instruments were thoroughly disinfected. The vagina was irrigated with hot water and 1:4000 sublimate; cervical canal thoroughly swabbed out with 1:1000 sublimate, using the bivalve speculum. The cervix was steadied by a tenaculum, and three or four strips of iodoform gauze, four inches long and one-half inch broad, pushed into cervical canal with the sound, and retained in place by borated cotton tampon. Next day cervix would admit index finger; no pains. The canal was again thoroughly irrigated, and as much iodoform gauze as possible gently inserted into uterus and cervix, and a borated tampon applied; labor pains; dead fetus delivered in twenty hours; placenta, which was adherent, carefully removed in one piece under chloroform. It was unnecessary to insert more than the finger and the uterus was pushed down to meet this by the hand on the abdomen. The uterus and vagina were thoroughly washed out. Throughout, the most scrupulous cleanliness was observed, and the genitals was kept pure by frequent irrigation with hot water and weak sublimate solutions. Rapid recovery, without slightest rise of temperature.

This patient was probably saved a long illness by prompt yet safe treatment.

MILK, according to Rudisch, may be made much more digestible by mixing half a drachm of dilute hydrochloric acid with a pint of water and a quart of milk. When this mixture is boiled for a few moments it keeps well and is quite palatable.

GUMMA OF THE CEREBELLUM DUE TO SYPHILITIC POISON.*

BY H. B. LATHROP, M. D., SAN PEDRO, CAL.

THE subject of Gumma of the brain due to syphilis is surrounded with so many difficulties and differences of opinion; the literature on the subject so sparse and unsatisfactory, and the opportunities for observing them so rare, that any case occurring in the practice of a medical man, where it is possible to make a clear and unmistakable diagnosis, and to verify the same post-mortem, cannot fail to prove of interest to the profession at large.

This is my only apology for presenting to you this evening the case of Laurance Sorriell, which came under my observation during the latter part of April.

I shall not here attempt any remarks of a pathological nature, or as to the opinions of writers on the subject in hand, nor shall I weary you by opinions as to the probable extent of syphilis in the country.

It is sufficient for us to know that it exists to a fearful degree, and that "Gumma" of the brain and other organs is one of its ultimate results, or, in other words, one of the ways it *kills*.

It is the object of this paper to simply relate a *case*, and then to draw such conclusions from the grouping together of symptoms as may enable us the better to recognize the existence of "Gumma," and locate it with a view to surgical treatment.

The case, then, is as follows, and is simply a reproduction of notes from my case-book:

Laurance Sorriell; age 26; born in San Francisco; about five feet ten inches high; weight, he said, 135 pounds; dark hair; blue-gray eyes; presented himself at our office, May 23d, about four in the afternoon and explained to my partner, Dr. Weldon, that he had been drinking heavily for some days, that he had stopped now, and wanted something to brace up on. The Doctor prescribed a mixture of capsicum and nux vomica and some bismuth (sub. nit.) in powders. His pulse at that time was 94 and rather strong and wiry. There was some vomiting and tendency to hiccough. He came back in the evening, saying that he felt better, the vomiting having stopped. He was now given some compound cathartic pills. He was not seen

*Read before Los Angeles County Medical Society, June 8, 1888.

again until on the 27th. In the afternoon I was called to see him in the absence of my partner. His condition was bad; coma was present; there was partial paralysis of the extensor muscles of the right hand with contracture of the fingers; the right corner of the mouth drooped slightly; the pupils were unequal in size, not responsive to light—the right was more dilated than the left. The paralysis spoken of above was that of coördinate action only. I obtained the following history: On the 24th, the day after Dr. W. saw and prescribed for him, he seemed quite well; on the 25th he complained that the pills he had taken had not acted, and thought they were making him sick, and took some salts and went to bed; the night of the 26th was passed uncomfortably, and he rose or *attempted* to rise on the morning of the 27th, feeling worse than before; there had been no action from the bowels; the bladder had not been evacuated since the day before. In addition to the symptoms detailed above, the pulse rate was 86, slow and heavy, and the thermometer in the groin showed 102 4-5, the respiration was easy, and the tongue was coated and a little fissured in the center. There was a constant desire to finger the penis, and thinking there might be some irritating substance beneath the foreskin I retracted it and found nothing more than the ordinary results of past indiscretions. Noting this, I questioned persons who had known him intimately, and learned that six or seven years ago he had contracted syphilis, but having been under treatment in San Francisco for more than two years, supposed himself perfectly cured. My prescription was the old and well known one of gr. x hydrag. chlo. mit. and xv grs. ext. jalapæ comp., given at one dose in conjunction with the bromide of soda. I neglected to say that there were periods of active delirium alternating with the coma. During these periods of delirium the act of masturbation was attempted and almost completed, when return of the comatose condition seemed to cut it short.

On the 28th the bowels had been freely evacuated as well as the bladder, and the coma had given way to an active delirium, which was ascribed by the bystanders to drink.

The motions of the right hand and arm were constant and incoördinate. The pupil of the right eye was more like the other, but both were still irresponsive to light.

During the movements of the body he would constantly pitch over to the left side, and when he attempted to turn in bed it would be the left side to which he turned. *There was no paralysis of any sort* on the left side of the body at any time, and I would like you here to take note especially of that fact. The droop to the right angle of the mouth was more marked and the temperature of the two sides different, that of the right side being 100 1.5 and that of the left 102 3.5—a difference of 2 2.5°. There was on the afternoon of that day an involuntary discharge from the bowels.

This was followed by a condition of coma-vigil and low incoherent muttering, interspersed with wild delirium and attempts at masturbation. The penis was all the time in a partial state of erection. The expression of the face was wild and diabolical, the forehead being puckered and drawn as if in pain, and the hands made movements as if to take off a veil. The eyes were glittering, but seemed completely devoid of sight. Hypodermics of morphine in one-half and one grain doses failed to produce quiet, although repeated at intervals of from one to two hours. A dose of chloral hydrate with bromide of potass. gr. xx of the first to gr. xxx of the latter, given at eleven on the night of the 28th, did so partially.

After the morning of the 28th iodide of potassium was given with mucilage and water in fifteen grain doses every two hours.

On the morning of the 31st there seemed to be some amendment. The droop to the angle of the mouth was a little less, and the movements of the left hand and arm a little more ordinate. The penis was no longer in a state of semi-erection, and the patient quieter. I saw him in consultation with Dr. C. B. Brierly, but no change was made in treatment. The morning of the 1st of May, at five A. M., he died after such a night of horrid delirium as I hope never again to witness. The intervening days between the 30th and his death was marked by no changes of note. The only thing was the constant lowering of temperature on the right side of the body and the elevation of the general temperature—the last observation of which was made at 11.30 on the evening of the 31st of April, when it reached 104 4.5. This we attempted to counteract by the ice-cap, etc., but unsuccessfully. On the morning of the 28th I had in my mind settled the diagnosis,

which was a tumor on the left side of the brain on the under surface of the cerebellum and possibly involving some of the posterior part of the pons varolii. The symptoms which led me to this conclusion do not need repetition here. After meeting Dr. Brierly I suggested to him that we should make an incision in the scalp just below the superior curved line of the occipital bone and between the origins of the trapezius and sterno cleido mastoid muscle, remove a button of bone with the trephine, and pass a small aspirator needle carefully forward and inward, and attempt to reach the tumor and aspirate its contents. I was disposed to yield to his objections to the procedure, on account of the iodide I had already given — thinking it possible that some absorption might have gone on, thus rendering the growth small and the contents remain solid; also that the active delirium seemed to indicate intense inflammation of the meninges and perhaps of the encephalon itself.

My reasons for diagnosing a syphilitic tumor situated on the under and right side of the cerebellum were these:

1st. There was evident pressure on some portion of the motor tract, as shown by the coma, drooping angle of mouth, unequally dilated pupils, and partial paralysis of the right arm and hand. This was not complete, because there were movements, and these were not coördinate. Had the effusion or growth been situated in any portion of the cerebrum there might have been motion, but any action desired would have been performed (more or less imperfectly), but the *attempt* would have been made in such a manner as to show *what* the idea originated was, there would have been some loss of sensation also.

2d. These incoördinate motions of the right hand led constantly to the penis, which, you remember, was in a state of partial erection. This would seem to show that pressure was not only going on in the cerebellum itself, but that this pressure was exerting itself downward and toward the medulla impeding venous return and causing congestion of the cord, sufficient, in my opinion, to cause erection, setting aside the part the cerebellum would play in the matter. (About this there is much diversity of opinion.) Therefore I said to myself this pressure, from whatever cause it arises, comes from the *under* side of the cerebellum.

3d. I found a venereal scar on the glans penis, just back of the corona, and had a perfect history of syphilis given me. Now, in thinking over what might cause pressure, I was led to the conclusion of syphilitic tumor, because while ordinary effusion into the fourth ventricle, from alcoholism or other cause, might cause coma, hemiplegia, etc., it would scarcely give rise to the acute meningitis and possibly cerebritis shown by the active delirium. One symptom met with puzzled me not a little, and that was the inclination to fall over on the left side instead of the right. The only way I can account for it is that some fibers of the pons being involved, an attempt was made somewhere to "even up things" as it were, and that nature overdid herself. Five and one-half hours after death we made the post-mortem. I cut through the scalp and reflected the occipito-frontalis and its tendons in the usual way; when to my surprise, after having peeled off the periosteum, I found blood oozing from hundreds of little foramina on the external surface of the occipital bone which was softened in spots and seemed beginning to necrose.

The calvaria was now removed but not without great difficulty on account of the firm adhesion of the dura mater. This membrane showed the same "pepper-box" appearance as the skull.

This appearance of skull and membrane I had never seen before, although I had made some hundreds of post-mortems; nor had my friends Drs. Brierly and Weldon ever seen the like.

Now we tried to separate the dura from the arachnoid, but found it impossible to do so. So firmly were they adhered that they seemed to form one continuous membrane. The pia mater was everywhere adherent, so that all three had to be removed at once. The surface of the brain itself presented nothing unusual, only that it was unusually soft and "boggy". After dividing the optic nerves and other attachments I attempted to roll the brain out backward, being just as careful as a person could be; but do what I would it came apart and pulled off the madulla just where it enters the spinal canal, and leaving the cerebellum in place. No fluid was furnished by the fourth ventricle, but when we cut through the falx cerebelli there seemed to be settled away in the hollow of the bone about two ounces of straw-colored fluid.

We now removed the cerebellum, which was soft like all the rest, and found on the under surface of the left lobe, on the edge of the fissure, a small mass about one and a half inches long by one-quarter to one-half an inch in diameter. This we found to be incapsulated and to contain about a teaspoonful of semi-solid substance not unlike tapioca pudding in appearance. The edge of the left half of the pons was discolored and showed a trifling amount of disorganization.

The medulla was disorganized in its left lateral half. The spinal canal was unusually large and we could see down to perhaps the sixth or seventh cervical vertebra. The cord and nerve roots as far as could be seen were highly inflamed and partially disorganized; the canal furnishing about three ounces of serum. I do not suppose that it is once in a hundred times that diagnosis can be so clearly proved in syphilitic tumors of the brain. But I do think we can, by careful attendance and observation of little things, most generally come at them correctly. I think, from the reasons given while I was speaking of the diagnosis, no practitioner of ordinary attainments need confound gummata of the brain with paralysis or apoplexy.

From this case I have been led to the opinion that to operate after any considerable amount of iodine has been absorbed into the system would prove of no benefit for the reasons mentioned before.

Also that where delirium is active it naturally leads us to suppose that the existence of the morbid growth has set up a general encephalitis, involving every structure of the brain and its membranes, and that therefore any operative procedure would be valueless, because although the exciting cause might be removed its effect would still remain in the shape of a high grade of inflammation which would be as intractable as the morbid growth.

Iodine, then, in some form, would seem to fill the bill, and where the diagnosis had been made sufficiently early would undoubtedly relieve if not cure. Even in the desperate case just related there was certain evidence of its activity and ability to absorb effusion. For, soon after its exhibition in the form of the iodide of potassum, the coma was less, the facial expression improved, and the motions were performed more methodically. The post-mortem showed that the growth was, or seemed to be, shrunken, and the contents, once un-

doubtedly femi-fluid, was almost solid. Probably had not such a general conflagration started, or even if life could have been prolonged thirty-six hours longer, my patient might have been even now continuing his evil courses in comparative health. One thing I forgot to mention is that after the man had ceased to be able to swallow, his delirium was in some measure controlled by inunctions of lanolin, oil of sassafras, chloral and morphine.

Gentlemen, I have related to you what to me is a most interesting and instructive case. I hope it has proved so to you. I very much regret that the surroundings of the patient were such as to preclude the possibility of any examination of the fundus of the eye, as probably there were some interesting appearances.

INTESTINAL OBSTRUCTION—OPERATION—RECOVERY.

IN a woman who had been in bed for over two months with general peritonitis, a cyst was opened above Poupart's ligament, drained of blood and pus, the cavity cleaned out, and the incision closed around a drainage tube. In three days strangulation of the bowels, fecal vomiting. On fifth day an incision was made at the seat of greatest pain, under the spleen, passing downward toward the seat of the first operation. The intestines were found adherent in a mass, and three large bands extended from the region of the spleen to the right inguinal region. The adhesions were broken up and the bands ligated and cut off. No irrigation was used. The whole wound was closed, and a large piece of adhesive plaster was placed over it to protect it from the discharges from the lower and first incision. Gradual recovery.*

DRUMINE.—Dr. Reed of Melbourne, Australia, says of this new local anæsthetic, a solution applied to an eczematous patch on the scrotum, relieved itching and pain. One or two applications to the nose aborts a cold. In tonsillitis a single application caused pain to vanish. It is the active principle of the *Euphorbia drummondii*.

* Parish, Phila. Med. and Surg. Reporter, April 28, 1888, p. 536

SELECTED.

NORMAL BLOOD-LOSS IN LABOR.

SCHAUTA, of Innsbruck, has made a careful investigation of the normal blood-loss during labor, and arrived at results which show that in many cases of post-partum hemorrhage the cry of "wolf" has been needlessly raised. From one hundred unselected cases treated according to the expectant plan it was found that the average loss of blood amounted to nineteen ounces. The investigations were carefully made and the measurement included all the blood lost during labor and three hours following the delivery of the placenta. The conclusion is arrived at that a loss of blood exceeding thirty ounces is to be looked upon as pathological. Now thirty ounces of blood is nearly a quart, and that quantity distributed about over sheets and clothing and mixed with perhaps an equal quantity of liquor amnii, would make a great deal of a show and might fairly excite alarm, especially in the mind of the practitioner of little experience. Indeed we have noticed that post-partum hemorrhage, like retained placenta, decreases directly with the increase of experience.

Another result of the investigations conducted by Schauta was to show the relative values of the different methods of managing the delivery of the placenta. This was done by comparing the amount of blood lost under each of the methods pursued. The expectant plan gave a blood-loss of nineteen ounces as above. Crede's method, that is, immediate expression, gave an average blood-loss of sixteen ounces. The Dublin method, which differs from Crede's only that gentle friction is kept up over the uterus until firm contractions occur, when the placenta is expressed, gave an average of seventeen and a half ounces. From these Schauta constructed a theoretical method of treating the placenta which employed only light pressure to force out the placenta after it has separated spontaneously, an event which took place on an average in half an hour, up to which time the uterus was stimulated by gentle rubbing. The result of Schauta's method was a blood-loss of sixteen and one-third ounces, but it was found that pathological bleeding occurred much less frequently than by the other methods, and that fever followed

delivery less often. In one-third of the cases the placenta was delivered spontaneously within the half hour, and in all its delivery by gentle pressure was easy, while retention of the membranes did not occur.—*N. W. Lancet.*

THE EXPLORING NEEDLE IN DIAGNOSIS.

DR. HERMAN M. BIGGS, in a recent number of the *New York Medical Journal*, arrives at the following conclusions:

1. The employment of the exploring needle is not infrequently attended by considerable danger, and a number of deaths have directly resulted from its use.

2. The indiscriminate, careless and routine resort to exploration with a needle should be condemned. The procedure should not be resorted to without careful consideration of the conditions obtaining in each case and the result that may follow the puncture. The site for the puncture should be thoughtfully chosen, the puncture carefully made with complete antiseptic precautions, and the smallest needle that will answer the purpose employed.

3. The puncture of collections of fluids with tense walls in relation with serous surfaces should be, as far as possible, avoided, and, if it is resorted to, sufficient fluid should be withdrawn to relieve the tension upon the walls of the sack. In many cases certainly an exploratory operation would be attended by less danger.

4. In the introduction of the needle into deeply seated infectious matter, the nature of the intervening tissue should be carefully considered.

5. The needle before use should be always thoroughly disinfected, preferably by heating in the flame of an alcohol lamp or a Bunsen burner.

6. The skin where the puncture is to be made should be rendered thoroughly aseptic by first scrubbing with soap and then washing with an antiseptic solution.

7. The dangers attending the use of this valuable adjunct in diagnosis should not in the slightest interfere with its employment in properly selected cases, where due precautions are observed as to its use.

BREEDING FOR SEX.

VARIOUS theories have been promulgated as infallible guides in breeding for sex, and there is scarcely a stock journal but what has frequent discussions on the subject by the learned and unlearned. The venerable Dr. Ryland T. Brown of Indianapolis, Ind., was requested by the Indiana Wool-growers' Association, in a lecture before their society, to give what he knew and the safest conclusions to which scientists have arrived on the subject. In his lecture he said:

"I do not know anything about it, nor does anybody else. From the days of Aristotle it has been a constant question and no one has thrown any light upon it yet. There have been hundreds of theories set forth, but some troublesome fact always steps in to destroy them. In short, nobody knows anything about it. It is a physical mystery. We thought that when in our investigations we got back to the early stages of conception we would get some light, but the microscope throws no light on this subject. In the sheep, where the period of gestation is short, for the first few weeks the microscope shows no signs whatever of sex in the fetus, but finally in some mysterious way sex begins to develop, but we cannot tell why one germ develops a male and another a female. The mystery is deepened by the seeming chance that manages to keep the sexes about evenly balanced. The whole thing is a mystery and probably will always be so. It is something which a wise Creator keeps to himself. It would be a bad arrangement if we did know it. If we did know about it and could control sex, the Turks and Mormons would have about ten per cent males and ninety per cent females. It is beyond human control, however, because it is beyond human knowledge."

CALIFORNIA OF THE SOUTH.—This book of Drs. Lindley and Widney is one of a numerous class, but it differs from its fellows in containing much information interesting to meteorologists and sanitarians. It also impresses the reader as trustworthy and authentic, in which respect it differs widely from many similar American hand-books. A special division of the book is devoted to the comparative climate of Southern California and the Atlantic Coast of the United States, and meteorological tables are scattered through the remainder. Especial and discriminating accounts are given of the various health resorts. Great praise is given to the climatal attractions of this part of the Pacific Coast, but its climate probably fully deserves the praise they give it.—*Am. Met. Journal.*

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THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

SUMMER RESORT TYPHOIDS.

FROM many if not all noted places of summer resort comes a common complaint of the prevalency of typhoid. It is not for one season, or for a run of seasons, but seems to be the normal condition of the health resort in the hot months. People leave their homes and go the seaside, or to the mountains, in search of cool air and health. The cool air they probably find and enjoy its freshness, but they also find, and

not so much to their enjoyment, an amount of typhoid which one would naturally think should not exist there. Its existence in localities which by the ordinary laws of topography and climate should be in a measure exempt, shows the working of definite causes, for in this, as in other disease, the existence of the disease presupposes and involves an adequate causation. Disease does not, any more than any other thing, "just happen so."

What, then, are the causes lying back of the entirely too prevalent summer resort typhoid, so far as we can trace them? The causes may be divided into predisposing and exciting. Among the predisposing causes these may be mentioned :

The bodily relaxation and lowered tone of general health which come of the summer heat ;

The change from home food to the hotel or boarding-house fare, or to the irregularities of camp-life fare, a change which is not always or often for the better ;

The change to the warm and often impure drinking-water which is too frequently found at such places ;

Small and overcrowded sleeping-rooms, with the attendant impure air ;

Excessive exposure to the hot sun by persons not accustomed to it ;

An excessive amount of sight-seeing and of daily going ;

The breaking up of all the regular habits of daily home-life ;

The crowding together of large numbers of persons in restricted areas, and the attendant accumulation of animal filth and garbage, with the generally entirely inadequate means for its removal.

The natural result and effect of these varied causes is a lowered vitality, thus placing the frequenters of such places in the worst possible condition for resisting the lodgment of the typhoid germ in the human body, and in the most favorable condition for its growth and propagation when it has once made its entrance.

The exciting cause is, of course, according to our current theories, an entity which we call the typhoid germ. What that entity may be is not a matter of so much practical moment as the manner of its production. Whether it can originate *de novo* from human filth, or whether it must always presuppose a direct line of propagation from other and ancestral

typhoid germs, may be debated without materially affecting the question now under consideration. This much we know, that in some way it is connected with the crowding together of human beings, and the accumulation of human filth; and these are both found in a marked degree at the average health resort, while the lowered vitality, coming from the causes before mentioned, gives to the poison an uncontested field in the bodies of its victims.

The preventive measures suggest themselves from the mere enumeration of the causes, viz:

More moderation in exercise and exposure to the sun; more regular habits of living; more attention to diet; more fresh air in sleeping-rooms; less crowding; purer water; better sewer and sanitary arrangements.

MEDICAL BOOKS AND SURGICAL INSTRUMENTS.

UNTIL three years ago physicians of Southern California suffered the annoyance of being obliged to order all of their supplies from San Francisco or the East. Then there was long waiting, followed frequently by great disappointment, both with the quality and price of the instrument. In 1885, at the urgent request of a number of physicians, Mr. D. W. Kolbe of Philadelphia established a branch store in Los Angeles, at 268 South Spring street. This branch instrument store, under the management of Messrs. Sale & Off, has steadily done a satisfactory business. The most modern instruments of the best quality are constantly in stock, and Mr. Kolbe has always evinced a willingness to comply promptly with the demands of the profession of this section.

On the other hand, there are in some of the Mississippi valley cities houses that send out drummers to visit personally all the physicians and solicit their orders. As a rule the goods from these houses are not the equal of those sold by Sale & Off, and yet, instead of encouraging this local house to keep a full stock, many of our best physicians thoughtlessly give their orders to these traveling representatives. As far as we know, first-class manufacturers of surgical instruments never send out men to peddle their goods in this manner. We have recently heard of an agent taking orders in Los Angeles

for nearly a thousand dollars worth of instruments, and already, on account of some misrepresentation, several physicians have telegraphed, countermanding their orders.

The advantages of patronizing a local house are: 1st, we see the individual instrument that we purchase. 2d, we get the instrument when we want it, and for that reason are not obliged to keep in our offices a large number of expensive instruments in order to provide for a possible emergency. It is a great satisfaction to know that all such instruments, are in stock in instrument stores in Southern California, and that in a short time in case of our needing them we can get them.

We could make nearly the same statement in regard to medical books. Messrs. Stoll & Thayer, 47 South Spring street, Los Angeles, carry an excellent collection of medical works, to which they are constantly making additions, and it is to the interest of every physician in this vicinity to encourage them in this new enterprise.

If the physicians of Southern California cannot get their supplies at home, then they should order of a reliable house like Duncombe & Co., San Francisco, instead of sending to St. Louis or Chicago.

THE TIGER OR THE LADY—THE DRUGGIST OR THE PRIEST.

THE medical journals of the land continue to convulse themselves about the clergy and the religious press and patent medicines, but not a word is said about the druggist who is the physician's right bower, as it were. Of course the religious press should not advertise quack medicines, but here is our daily press, "the censor of the world," that circulates in the ratio of a thousand copies to the church paper one, and that contains many times more quack advertisements than the church papers, and yet these reformers say nothing about them.

The *Pacific Record* editorially thinks that since the propagation of physiological notions among the deeper layers of our population, a great number of the pillars of the church have begun to crumble. The *Record* speaks of the hostility of the clergymen of all confessions to modern medicine with its teachings founded on natural facts and processes. They are also afraid that some day the privileges of blue blood may break down before the all-leveling spirit of natural science, and they try to postpone this consummation as long as possible.

After making these and other insulting statements about the clergy, the medical press goes on to dictate just what these same clergymen shall do. The *Pacific Record* insinuates that these "servants of God use illicit means for the purpose of maintaining among the people the belief in miracles and faith cures." On the other hand the intelligent members of the medical profession know that the clergy have been most active in showing the weakness of faith-cure and Christian science. Rev. Dr. J. M. Buckley, editor of the *Christain Advocate*, the leading journal of the Methodist Episcopal Church, recently wrote a series of articles that were published in the *Century*, denouncing these humbugs. This clergyman's arguments have been copied and republished far and near, yet our profession reward the cloth with carping criticisms and petty insults.

In attacking the clergy instead of the druggist our profession shows that it would rather fight the lady than the tiger.

SAN FRANCISCO JOINS US.

At the last session of the Medical Society of the State of California a large number of San Francisco physicians joined the Southern California physicians in voting to hold the session of 1889 in San Diego. The movement was defeated by four votes, but we were personally assured by many that they would vote next time to hold the meeting in 1890 in San Diego.

We recently had a pleasant call from Dr. Henry Gibbons, Jr., of San Francisco, who had been with his family spending some weeks at the Coronado. In answer to our questions he expressed himself enthusiastically in favor of the Coronado as a proper place for the State Society to meet. The music-hall of that hotel seats one thousand people, and the dining-room seats the same number. The hotel has its own brass band and bar, so that the members of the profession from a distance will be made to feel perfectly at home. There will be yacht racing and excursions on the bay, and a flying trip to Mexico twelve miles away. The acknowledged eloquence of our friends from the Golden Gate will be simply emphasized by the music of the surf as it rolls in sonorous

pulsations over the sands of this beautiful peninsula where Father Junipero landed in ecstatic delight a century ago. San Diego is now only four hours' ride from Los Angeles and twenty-four hours' ride from San Francisco. We can secure very low rates at the hotel and on the railroads and steamships.

We expect Dr. Robertson of Yreka to join hands with our San Francisco friends and lead the northern hosts in doing a generous act toward the brethren of the South. Although we may be awkward, yet we mean well. Give us an opportunity to prove it.

NOTES ABOUT THE MEDICAL COLLEGE OF SOUTHERN CALIFORNIA.

THE new building for the medical college in Los Angeles will be completed by the beginning of the regular session in October.

From present appearances it is not over-sanguine to estimate that the Junior class in the medical college will be twice as large as at any previous session.

Dr. F. T. Bicknell, who has filled the chair of Gynecology for the last three years, has resigned.

Dr. Francis L. Haynes and Dr. John R. Haynes have been elected Professors of Gynecology in the Los Angeles Medical College.

The lectures on Surgical Anatomy, Operative Surgery, and Anatomy, will be given in the new lecture-room.

Dr. Joseph Kurtz, Professor of Clinical Surgery, will leave next spring to spend a year in German and Austrian hospitals.

Dr. John L. Davis has resigned the chair of Materia Medica and Therapeutics.

Dr. E. R. Bradley of the class of '88 is in New York.

The name of Dr. P. J. O'Niel, class of '88, appears in the list of students at the New York Post-Graduate School.

Dr. Will L. Wade has been elected professor of Materia Medica and Therapeutics. Dr. Wade was formerly President of the Medical Society of the State of Oregon, and has been practicing medicine on the Pacific Coast for many years. He is a devoted student and an excellent teacher.

Dr. W. W. Becket, class of '88, passed through Los Angeles

recently, *en route* from his home in San Luis Obispo to New York, where he will take a post-graduate course.

Rooms and board can, we are happy to say, be secured in Los Angeles cheaper this year than ever before. This fact will enable students to get along more economically.

Dr. F. T. Bicknell is taking a much needed rest from his professional duties, and at the same time visiting the principal cities of the East.

The faculty of the Medical College, having had their much needed rest from lecturing, are all at work with enthusiasm, preparing for the next regular session that begins the second Wednesday in October. The successful teacher in a medical college must burn the midnight oil.

ON THE SWEET SIMPLICITY OF ASEPTIC MIDWIFERY.

ASEPTIC midwifery has saved thousands of lives, and has prevented tens of thousands of cases of post-*puerperal* diseases; it has made the large lying-in charities of Europe safer for women than their homes. Among eminent obstetricians it has no opponents; it can no longer be considered a subject for argument.

And yet, among the rank and file of the profession, its principles are practically neglected, *septic* diseases still pursue the *puerpera*, and the offices of gynecologists are filled with the victims of *septic* midwifery.

Why?

A small portion of the profession—a class which never reads the journals, and which, like the dodo, will, happily, soon become extinct through its own inherent stupidity—is composed of individuals so densely ignorant as to be unable to note the connection between their own actions and the disasters befalling their cases. Thus, we have known a physician walk into a lying-in chamber, remark that he had just left a case of *puerperal* inflammation, and, without the slightest antiseptic precaution, proceed to examine his victim. Within ten days both patients were dead.

But by far the most important reason for the neglect of asepticism is the prevailing delusion that its practice is difficult. It is never easy to keep clean in this dirty world, but cleanliness in midwifery is not peculiarly difficult.

A clear perception of the end in view, deliberate preparation for and laborious care in its accomplishment are essential. The aim is to prevent the access of germs, or of any sort of dirt, to the genitalia of the patient.

The preparation involves careful cleaning of the persons of the patient and attendants, more especially of the hands of the latter. The obstetric bag should contain, in addition to the usual appliances, a nail brush, carbolic acid, sublimate tablets, a large fountain syringe, a piece of rubber cloth and a double tube for uterine irrigation. All instruments should be purified and boiled before and after using. Reserving germicides as a rule for hands and instruments, every step of the obstetric procedure is rendered clean by the plentiful use of soap and water, and by copious irrigation, where it is called for.

To the rough and ready doctor, to the man who goes from a case of erysipelas, or from opening an abscess, or from grooming his horse, to a confinement case, without washing his hands; or to the man "whose usual practice it is to extract the placenta by immediately inserting the hand into the womb" and dragging out the offending body—to him such preparations may savor of the visionary fanatic—but let him give asepticism a thorough trial, and he will find that his attendance on his patients will be undisturbed by such incidents as chills, cellulitis, mammary abscess, incidents which he has heretofore attributed to "taking cold", etc.

In this, then, there is nothing which the poorest woman has not the right to expect of her attendant. And, if we read the signs of the times aright, the public will soon *demand* that every physician shall practice aseptic midwifery.

OBITUARY.

R. C. MOORE, M. D., died at Belleville, Ind., September 7, 1888, at the age of sixty-nine. He graduated from the Rush Medical College in 1850, and has been ever since a general practitioner in the town in which he died. He was the preceptor of one of the editors of this journal, who will ever cherish his memory as that of one of the noblest characters in the profession. Dr. Moore was a village physician, yet his library was ever replete with the best medical literature of the

day, and on his table could always be found the latest medical journals of the land.

He was in every respect the leading citizen of his section. In educational matters he was particularly interested, and at the time of his death, and for at least twenty years previous, was the school trustee of his town and township, having the sole charge of the selection and payment of from thirty to forty teachers. In all respects he was a true man—true to his family, true to his profession, and true to every public or private trust. He was as firm as a mountain and as gentle as a woman. There was in him a rare blending of rugged and tender qualities.

Such a memory left enshrined in the hearts of his widow and children is a patrimony that can be left by few men of the age.

WILLIAM H. PAGE, M. D., formerly of Boston, died in Los Angeles, August 22, 1888, at the age of sixty-one. He was born in Rochester, N. H., and graduated at Harvard Medical School in 1853. During the civil war he served as a surgeon in the army and was noted for his bravery and devotion. His daughter has the heartfelt sympathy of the profession in Los Angeles.

EDITORIAL NOTES.

A MEDICAL journal has been started in Toledo that is called *The Medical and Surgical Reporter*. The journal of the same name in Philadelphia, that has for the last thirty years borne such an excellent reputation, must not be confused with this miserable fraud. We have an idea that very few medical journals will copy from this new so-called reporter, and that the publication will receive the universal contempt it deserves, until it realizes its crime and changes its title.

Dr. D. C. Barber, Professor of Histology and Microscopy in the Medical College of the University of Southern California, is in the East getting new apparatus and making special preparation for his demonstrations this fall and winter. Such enthusiasm is commendable.

The Cincinnati *Lancet-Clinic* is becoming quite a formidable rival of *Judge* and *Puck*.

Siegmund Knopf, M. D., Bellevue, 1888, has returned to Los Angeles via the Isthmus, and begun the practice of medicine.

Dr. Geo. E. Brewer in *Journal of Cutaneous and Venereal Diseases* claims that frequent irrigation with solution of bichloride of mercury will cure an ordinary case of acute gonorrhea in less than two weeks.

Dr. Stockton and wife of San Diego called on us September 1st on their way to New York via the Northern Pacific. We only know of one thing in this world pleasanter than a call from Dr. and Mrs. Stockton, and that is being entertained by them in their own happy home.

The Announcement of the College of Medicine of the University of Southern California, for 1888-89, is out, and shows the high aims of the Faculty. Through a typographic error the name of Dr. A. F. Darling, Professor of Otology and Ophthalmology, is omitted at one place where it should appear. In the list of the text-books on Hygiene, Parker should be Parkes, and Röhe is omitted.

Dr. H. Bert Ellis, a graduate of the Medical College of the University of Southern California, and who is now attending college at Göttingen, Germany, in a letter recently received, makes a very flattering comparison between the Los Angeles school and those of Europe. He thinks the Medical College of the University of Southern California is as good a place as a young man can find in which to begin his medical career.

Dr. R. H. Plummer is making an earnest and commendable effort to make the Medical Register of California complete and accurate. It is probable that the names of some physicians will be spelled incorrectly and the location of their offices given wrong, and some who are regularly qualified may get in the list of outlaws and renegades. But each physician can avoid this by sending name very plainly spelled, location, and date of granting of license, to Dr. Plummer, 652 Mission street, San Francisco. If any doctor's name is wrongly recorded he has himself to blame. Dr. Plummer has a most laborious undertaking, and we must all assist him.

EDITORIAL CORRESPONDENCE.

HIGH ALTITUDES OF SOUTHERN CALIFORNIA.

AUGUST 26th, 1888, in company with a friend, I left Los Angeles for the San Jacinto mountains. A four hours' ride on the Santa Fé road took us to the town of San Jacinto where we were met by a patient of mine whom I had considered to be at death's door from phthisis. He was a post-office clerk in Kansas City and came to me nearly four years ago with daily rise of temperature to 103°, night sweats, hard cough, purulent expectoration, marked emaciation, dullness in left apex, *rales* quite general over both lungs. He remained quite close to the coast for a year, but lost ground, and suddenly determined to go to San Jacinto, where he "took up" a piece of government land. There was a steady improvement almost from the first. He has this season worked in the hay-field. While he is by no means a well man, yet the change for the better has been wonderful. San Jacinto has an altitude of about 1,400 feet. It is too warm for comfort in the summer, yet numerous consumptives claim they gain most during the hot season. Here we hired two horses and a buggy for \$3.50 per day, and drove ten miles to the east, to what is called "the foot of the grade," where we stayed over night. The accommodations would have been real good, but for the fact that the beds were all engaged. The consequence was, we had to sleep on a straw pile in the barn, but the food was good, and, like the straw, was clean.

At 5 o'clock A.M., the next day, we started up the grade. The rise is said to be about thirty-three feet in a hundred. A six-mule team has all it can do to haul 800 pounds up this steep road. The grade is two and a half miles long, and it usually takes at least three hours for a mule team to reach the top. It seemed to be the business of every person we met to try to frighten us, and we came near not attempting to drive up, but finally did try, and our little team pulled us up in just an hour. We gave them a rest about every twenty yards. Once in a while, when we dared to take our eyes from our horses, we would glance back at the magnificent landscape below us.

When we arrived at the top of the grade we found ourselves at an altitude of 5,200 feet, and in the edge of a beautiful forest of towering pine and fir. For four and a half miles we

drove over a charming road aligned by the refreshing green trees, enswarded by grasses, bushes, and many varieties of flowers — the rose and wild fuchsia predominating. Our horses slaked their parched throats and cooled their dry and heated feet in a musical mountain stream. The blue-bird, the mocking-bird and the quail were omnipresent, while the road-walker, with his long tail, marched along majestically before us, and the gray squirrel ran into his hole near the top of the tree. The sun rose as we drove, and we felt that we were indeed in the heights. The cool, invigorating atmosphere, brought to us through the pine boughs by a gentle breeze, fanned our foreheads and filled our lungs.

A few cabins picturesquely located, indicated that our morning drive was ended. It was 7:30 o'clock when we sat down with excellent appetites to a rural breakfast of oat-meal mush, bread, milk, ham, butter and coffee, all of the best quality, in a primitive hotel.

Here we pased a delightful, dreamy day. The place is called Strawberry Valley. About two hundred persons were living here in tents and cabins, but they all leave by the middle of October. Then the snows begin. Consumptives and asthmatics are here in considerable numbers, and when the snows fall they hasten to the valley, 3,500 feet lower. We made arrangements to go to the peak of Mt. San Jacinto, 11,100 feet high, accompanied by Warner, the guide. Bright and early we were up the following morning, and soon had our horses packed for going up the trail, but alas for the propositions of man! Our horses began to buck and run around in a circle, and soon our well arranged packs were flying in all directions. Strange to say, this discouraging episode evoked expressions of unbounded mirth from all of the campers, who had gathered to see our brilliant cavalcade depart on its adventurous mission. I very much feared that such convulsive laughter would cause a hemorrhage from the lungs of some of the valetudinarians who stood gaping on. How sad that would have been! We saw that our mistake was in not asking to have saddle horses hitched to the buggy at San Jacinto. I would advise persons making this trip to insist on having saddle horses, and have saddles put in the buggy to use when Strawberry Valley is reached.

We soon secured another horse and a burro and were fairly

started by eight o'clock. It is fifteen miles from Strawberry Valley to the peak. The first three miles is through rolling pine forests by a mountain stream. Then we began to climb, and for an hour we were going upward until we reached the Tauquitz Valley, 7,500 feet high. Here again were thousands and thousands of acres of pine forests, and rich land well watered by never-failing mountain springs. In the center of this valley there is a peat bog. The horses passed readily through it, but the burro on which, to my regret, I was mounted, absolutely refused to take a step in the yielding, marshy, grass-covered bog. As I sat there whipping, coaxing and halloing all to no purpose, I might well have been dubbed, like Don Quixote de la Mancha, the Knight of the Sorrowful Figure. By going a circuitous route I avoided the swamp, and we were soon climbing higher and higher; we went until we passed over a ridge and into another magnificent combination of forest and grassy plain called

TAMARACK VALLEY.

Here we were 9,000 above the level of the sea. As we passed through a beautiful meadow where the foot of man had rarely trod, a deer ran before us and was soon hidden in the timber. Again, after about four miles ride, we began to climb; as we crossed the last mountain stream at about five P. M. we filled our canteens and watered our horses. At six P. M. we reached a level plateau 10,300 feet above the level of the sea, and only 800 feet below the peak. Here we were to spend the night. Soon we noticed the effect of the rarefied air. As I assisted in getting logs together for a fire, I found that walking ten yards exhausted me, and gave me the sensation of having climbed rapidly two or three flights of stairs. My heart beat at the rate of 108 per minute. Our guide was an intelligent young law student from Frankfort, Indiana. Over two years ago he began having hemorrhages of the lungs, and a year ago last April, while unable to sit up, was brought by a brave sister to Southern California. Tenderly and anxiously she cared for him in that long and tedious journey toward a forlorn hope. He improved from the time they reached California, and they soon came camping to Strawberry Valley, where he gained rapidly. In the autumn they went down to the town of San Jacinto, where the young man was able to clerk in the bank. When May came they again came to Strawberry Val-

ley, and the brave and independent young sister rented the hotel which she now manages in such a successful manner, while the young man acts as guide for parties wishing to kill game or explore the mountains. Strange to say, his pulse was only 60 per minute. He did not seem near as much distressed as my friend and I. Our evening meal was soon prepared, and never were fried bacon, potatoes and good bread, butter and tea more enjoyed. We unrolled our blankets and lay down under an immense pine tree. The novelty of the situation and the peculiar atmosphere prevented us from sleeping very soundly, and during the night we would from time to time be startled from our slumbers, but the intense stillness and the sight of the Pleiades that watched directly over our improvised bed would reassure us, and we would soon be dreaming of bears, deer, mountains and burros.

At four o'clock in the morning we were up. After feeding our horses and eating a sandwich we started up the last peak. We reached the very top in time to witness the sun rise in his splendor from beyond the Colorado Desert that lay spread out below us in its stupendous barrenness. What is that dark, twisting object, about the size and apparently traveling at about the gait of a snail? It comes nearer, and we see that it is a freight train. The guide starts a boulder over the eastern slope of the mountain, and we hear it bounding through the awful chasms below. From this peak the ocean can be plainly seen. But space will not permit me attempting a description of what we saw from this wondrous height. On the topmost rock is a fruit jar, with a cover carefully fitted with rubber, in which every visitor is expected to leave his card, with address and date of visit. The name of Dr. McLean, of Riverside, alone, represented the medical profession, and I proudly put in mine as the second in the list.

Our trip back to Strawberry Valley was enlivened by a mountain thunder and hail storm, but the fir trees were like umbrellas, and protected us.

This trip again revealed to me the wonderful variety of the Southern California climate. If an altitude of 1,400 feet is needed, it is to be found at the town and vicinity of San Jacinto; while at Strawberry Valley there is an atmosphere redolent with the fragrance of the pine forests, and an altitude of 5,200 feet. At Tauqwitz Valley are all these beautiful surroundings

and an altitude of 7,500 feet; and at Tamarack Valley we have again the running streams, the beautiful meadows, great trees, and an altitude of 9,000 feet.

In all of these valleys the atmosphere is cool in mid-summer and there is an abundance of game.

To the weary physician who desires for a few days to absent himself from the busy hum of the world, I can heartily commend these mountain valleys for quiet, comfort and grandeur.

Aside from the value of these elevated valleys as summer resorts, I believe they will become even more sought after as winter resorts.

The Alpine winter cure of pulmonary diseases is very popular in Great Britain and on the Continent. Thousands of consumptives flock to the Davos-Platz and Maloja Plateau in the Swiss Alps every winter. Immense and well arranged hotels have been constructed by rich companies, and wonderful results have been recorded. The following are the altitudes of the chief resorts:

†SWISS ALPS.			*SOUTHERN CALIFORNIA MTS.
			(SAN JACINTO.)
Maloja, - -	6,000 feet.		
Wiesen, - -	4,771 feet.	Strawberry Valley,	5,200 feet.
Davos, - -	5,105 feet.	Tauqwitz Valley,	7,500 feet.
Andermatt, - -	4,738 feet.	Tamarack Valley,	9,000 feet.

From the illustrations I have seen of these Alpine resorts, I judge they are naturally barren plateaus, and have not the wealth of beautiful pine forests that the Southern California valleys I have so meagerly described contain. The advantages of the pine forests are: 1st. Giving a medicated air for constant inhalation; 2d. Adding beauty and picturesqueness to the scenery; 3d. Protecting the valleys from winds. An average of about three feet of snow covers these valleys in winter. In another year they will be much more accessible, as an excellent road is now in course of construction, and I trust that soon capitalists will unite, as in Switzerland, and provide suitable winter accommodations for invalids.

WALTER LINDLEY.

†Alpine Winter In Its Medical Aspects. By A. Tucker Wise, M. D. London: J. & A. Churchill. 1886.

*Approximate.

CLINICAL REPORTS—A CASE OF CEREBRAL TUMOR.

REPORTED BY H. G. BRAINERD, A. B., M. D.,

Professor of Diseases of the Mind and Nervous System in the University of Southern California.

THROUGH the courtesy of Dr. Walter Lindley we were enabled to see and report the following case: A. H., age 30, married, as a young man was unusually robust and vigorous and enjoyed excellent health till he contracted syphilis ten years ago. This was followed up by a thorough course of specific treatment for two years till his physician assured him that he was cured. During the next six years he enjoyed fair health with the exception of occasional chills which would lay him up for a few days at a time. These chills were pronounced malarial, but failed to be influenced by quinine, and in the light of subsequent events we doubt if they were malarial chills. In October, 1886, he had a fit. There was brief unconsciousness and slight general convulsive movements, but following it there was found to be decided paresis of the left leg which gradually improved and disappeared entirely in a couple of months. There were no more fits till June, 1887, when he had three in the course of twenty-four hours. These were general convulsions, but much more marked on the left than on the right side. Following these there was paresis of left arm as well as of the leg, but it was not so marked as after the October convulsion and lasted only a few weeks. It was at this time that he came under Dr. Lindley's care and I first saw him. Believing that the convulsions were caused by gummata in or near the fissure of Rolando on the right side, he was placed on full doses of iodide and bromide of potassium. Under this treatment he improved rapidly, recovered from his paresis and was able to attend to business and felt so well that in the autumn he dropped the medicine and passed from under observation. A little later he had two or three slight convulsions, and near the last of December had a severe convulsion which left the arm and leg nearly helpless and caused very decided mental impairment. Either in this fit, or shortly after, he fell and received a severe blow on the left frontal eminence. Shortly after this I again saw him and found the following condition: No facial or ocular disturbance; marked loss of muscular sense on left side, but no

other sensory disturbance; mind much impaired, was confused, apathetic and forgetful; complained of discomfort in right parietal region, but not so severe as to prevent his eating and sleeping fairly well. Soon after this he passed into the hands of a "quack" who treated him with static electricity for uremic coma, and his subsequent history we learned from Dr. H., a relative, who came to him shortly before his death, and by whose permission we made an autopsy. He steadily failed, both mentally and physically, becoming very helpless and totally demented. On the 11th of March he awaked in the night with a chill, soon passed into a profound coma and died about eight hours later.

AUTOPSY.

The autopsy was made about ten hours after death. The body was plump and showed no signs of wasting disease. The tumefaction of the scalp which had persisted for several weeks after the injury to the left frontal region had entirely disappeared, but on removing the scalp we found the periosteum detached from the bone over an area about the size of a twenty-five cent coin, and the bone itself had a darker color than normal and a rough worm-eaten feel to the touch.

On removing the calvarium the dura mater was found thickened and firmly adherent to the skull over an area two by one and a half inches in the right parietal region, the bone having the same appearance and feeling as found in the left frontal region. Underneath this region the dura mater, pia mater and the cortex were firmly glued together, so that in attempting to separate them much of the cortex was torn up from the ascending parietal convolution and the superior parietal lobule.

A cross-section of the hemisphere through this region disclosed a tumor spheroidal in shape an inch and a quarter by three-fourths of an inch in diameter, surrounded by a softened area varying from one-fourth to one-third of an inch in thickness, involving nearly the whole of the right lenticular nucleus, anterior portion of optic thalamus, anterior portion of posterior limb of the internal capsule, and the posterior portion of caudate nucleus; at one point the softened tissue had broken into the lateral ventricle, which probably was the immediate cause of death.

CONCLUSIONS.

There are several interesting points to note in this case. There was absence of the excruciating and uncontrollable paroxysms of pain which are considered pathognomonic of tumors of the brain. The pain of which he complained was evidently due to the local meningitis and was less severe than might have been expected from that source. There was no vertigo, another symptom frequently met with in cerebral tumors. He did not complain of any diminution of vision, but as I made no examination with the ophthalmoscope I cannot say whether optic neuritis existed or not. The rapid and marked mental failure, although the lesions were confined to the motor region of the brain, is worthy of note.

From the position and extent of the meningitis it was evidently secondary to the tumor and caused by its pressure, as was also the erosion of the skull itself. Microscopic examination of the tumor showed it to be a sarcoma. Unfortunately we did not see him in a convulsion, and his friends were unable to give us an accurate description of their initial symptoms so that we could get the "signal symptoms" of an evidently local lesion.

CORRESPONDENCE.

DR. H. BERT ELLIS IN GERMANY.*

WEENDER CHAUSSEE 16,
GÖTTINGEN, August 18, 1888.

Dear Doctor: I have been intending for some weeks to drop you a few lines, but as I have been quite busy with the intricacies of the German tongue I have neglected doing many things I had intended to do. I don't mean to say that I have conquered all of the entanglements, or even a few of them, by writing now, but, that I have come to the conclusion that I will do a few pleasant things, and leave the difficulties of the language to those who have more pleasure with them than I have.

My experience so far would teach me to say "know German as well as you can before you start for Germany." Some how

* This is a personal letter to one of the editors, but its contents are of such general interest that the receiver takes the liberty of publishing it.

or other, I will hereafter rather doubt the veracity of those who say they knew no German when they went to Germany, and in six weeks could understand anything, and could speak almost as fluently as a native.

However, if I have not got all out of the language that I expected and wanted to, yet I have got considerable from the eye and surgical clinics here, and if it were possible for my wife to get anything at the University, we would stay six months. It is a splendid place to study, and the advantages are excellent. The students are not so numerous but what you are able to get close to and see everything, and some of the men are among the best known in their respective works in Germany. There is Orth in Pathology, Histology and Microscopy, of whom I have heard Prof. Lasher speak so frequently; I wished to be with him for a couple of months, but did not do so because of my deficiency in the language. There is Leber on diseases of the eye; he is one of the *big men* on the eye. I have been to a great number of his operations. He is a very careful and neat operator; however, I think Prof. Darling of Los Angeles is much more careful and thorough in the examination of patients.

Dr. König, the surgeon, is the author of three volumes on Surgery, and by the number of times I see his name mentioned in the medical journals I think he must be one of the European authorities as an operator. I have not seen his equal in as far as rapidity and boldness is concerned. He is constantly experimenting, and his operations and experiments are remarkably successful. His clinic commences at 9.30 A. M. and lasts till 10.45, but after clinics he operates till 2 o'clock. He granted me the privilege of witnessing all his operations, and I have improved my opportunities. His method of instructing is as follows. A student is called and a patient given to him for diagnosing. When the student has formed his conclusions and stated them, then König goes over the case, corrects or confirms the diagnosis and then operates on the case. In this way he goes over two or three operations each day before the classes and for six days in the week. To give you an idea of the rapidity with which he works, I saw him perform an ovariectomy in twenty-two minutes, *i. e.*, from the time he took his knife till the last stitch was put in. The tumor was a dermoid cyst, size of a one-year old child's head,

with few or no adhesions; and when it was removed was like a rubber ball. On opening it was found to be filled with long matted hair and thick creamy pus. He was not as careful and particular as Prof. Haynes of Los Angeles; yet he is a firm advocate of septic or antiseptic procedures. Nothing came near the wound and abdominal cavity but what had been rendered perfectly antiseptic. He sewed the abdominal cavity up without a drainage tube and dressed as he dresses everything. First he rubs about one-half ounce of iodoform over the raw surfaces, not as an antiseptic (I understood him to say), but to prevent secretion; then covers wound with a small piece of iodoform gauze, and this with "*prepared moss*" which has previously been dipped and wrung out of a warm, weak solution of corrosive sublimate; this moss covers the wound and considerable of the vicinity of the wound; then around the outside edge of the moss is put common cotton, such as you use for tampons, then the whole is bound on with a cheese-cloth bandage which is wrung out of weak corrosive sublimate solution and put on wet. This makes a tolerably stiff and light dressing. I have seen these dressings stay without removal for twenty days, and when removed everything be as fresh and nice as could be.

I have seen him perform more joint operations than anything else. In this line patients come to him and are sent to him from all over Germany. There seems to be so much tuberculosis of the joints; and whenever he makes such a diagnosis he always operates. I have seen him re-sect the hip, knee, ankle and elbow joints, many times.

For operations on the knee joint he goes at differently than I have ever read in the surgeries. Instead of making the usual circular incision around and below the patella and through the tendon, he makes his incision directly across and saws through the middle of the patella transversely, thus entering the joint directly and at once.

Although not conservative, and given to bold surgery, he does not amputate nearly so frequently as do English and American surgeons; an endeavor is made to save everything. I have only seen two primary amputations since I have been here, and two cases where amputation was necessary when another operation failed.

The most interesting cases, and the prettiest cases, have been

the plastic and hare-lip operations. Of the latter I have seen a number. One of the plastic operations was on a woman whose nose was flat on her face, the septum having been destroyed by syphilis. In this case having cut a piece of skin one-half an inch wide on which was bone one-sixteenth of an inch thick from forehead and turned it around, cut through nose and made bare its internal surface, and sewed it to the bone, and then he transplanted layers of skin from arm to forehead. Well, I guess this is enough this time.

The more I see here the better pleased I am with our Southern California College and the work there. There are some things need strenthening and more system in others, but altogether I think you more than hold your own with other institutions.

I met at König's the other day Dr. C. M. Richter of San Francisco. He knew me through the SOUTHERN CALIFORNIA PRACTITIONER.

I should like to hear from you and how the College is getting along.

Yours as ever,

H. BERT ELLIS.

Address Vienna, Austria, poste restante.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

CHICAGO, August 11, 1888.

THE Mississippi Valley Medical Association meets at St. Louis, September 11, 12 and 13. The programme includes many papers and discussions of importance. The first day will be given to the discussion of abdominal surgery; the second to infant-feeding and some obstetric subject. The third day will be taken up with volunteer papers and some neurological subject. The Society cordially invites all members of the profession to be present.

J. LUCIUS GRAY, *Secretary*.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER: The President of The American Association of Obstetricians and Gynecologists invites you to attend its annual meeting to be held in Washington, D. C., September 18, 19 and 20, 1888, and to take part in its proceedings, both by written and oral communications.

NEW LICENTIATES.

SAN FRANCISCO, August 3, 1888.

AT the regular meeting of the Board of Examiners held August 1, 1888, the following physicians were granted certificates to practice medicine and surgery in this State:

T. Allen Barber, San Diego; Medical Department University City of New York, N. Y., March 12, 1854.

Lafayette Bently, Lugonia; University of Trinity College, Canada, May 11, 1881.

George Richard Bowles, Santa Rosa; Medical Department St. Louis University, Mo., March 3, 1866.

James Patton Boyd, Santa Ana; Medical Department University City of New York, N. Y., February 18, 1869.

William B. Bullard, Los Angeles; Medical Department Bowdoin College, Me., May 25, 1859.

William P. Cash, San Diego; Kentucky School of Medicine, Ky., June 30, 1887.

David Dufresne, San Diego; Victoria University, Montreal, Canada.

Holman E. Ferrin, Watsonville; Medical Department University of Vermont, Vt., June 26, 1882.

William N. Finney, San Bernardino; Missouri Medical College, Mo., March 5, 1878.

Adam Franke, Linkville, Or.; Jefferson Medical College, Penn., March 9, 1867

Forrest B. Freeman, Gridley; Medical Department University City of New York, N. Y., March 13, 1883.

John Locke Hardeman, San Diego; St. Louis Medical College, Mo., March 8, 1878.

Alfred Wm. Harding, San Diego; Royal College of Surgeons, England, July 28, 1870, and B. M. University of London, England, December 13, 1871.

Henry M. Hewitt, Whittier; Rush Medical College, Ill., February 26, 1878.

Frederick J. Kruell, Los Angeles; Rush Medical College, Ill., February 22, 1881.

Jonah Nichols, West Point; Medical Department University of Virginia, Va., June 29, 1887.

J. D. Nietzsche, Buckeye Valley; Memphis Medical College, Tenn., February 25, 1852.

Robert S. B. O'Brian, San Francisco; McGill University, Canada, March 28, 1873.

Edwin T. Phillips, Los Angeles; Kansas City Medical College, Mo., March 6, 1883.

Amos W. Plummer, Los Angeles; Jefferson Medical College, Penn., March 13, 1880.

John A. Randolph, Willows; Missouri Medical College, Mo., March 4, 1884.

James P. Richardson, Brentwood; Medical Department Columbian University, D. C., March 3, 1868.

Joseph W. Rowan, Murrieta; University of Trinity College, Canada, April 3, 1888.

George B. Rowell, San Bernardino; McGill University, Canada, March 29, 1884, and Royal College of Surgeons, England, July 24, 1884, and College of Physicians and Surgeons, Quebec, Canada, May 12, 1886.

James C. Shafter, San Francisco; College of Physicians and Surgeons, New York, February 27, 1873.

K. J. Slaughter, Oakdale; St. Louis College of Physicians and Surgeons, Mo., March 4, 1884.

Wilbur Gray Smith, San Francisco; School of Medicine of the University of Maryland, Md., March 6, 1880.

Francis W. Steddom, Los Angeles; Miami Medical College, O., March 9, 1887.

William S. Wallace, Santa Rosa; Jefferson Medical College, Penn., March 12, 1881.

Murrey L. Johnson, Oakland; Cooper Medical College, Cal., November 17, 1887.

Murrey L. Johnson of Oakland was granted a license by this Board in December, 1887, and so recorded in this office; but the certificate having been made out in the name of Henry L. Johnson, it was returned and the record canceled, and another issued as above.

In February last Dr. Adam Franke, then a recent arrival from the East, presented his diploma to the Board on application for a license, and then departed in search of a location. Nothing further having been heard from him the application was rejected at the July meeting, because the necessary affidavit, fee and letter had not been received. Meanwhile Dr. Franke had located at Linkville, Oregon, where much of his practice extends into California. On the 28th of July he

communicated with this office, explaining and regretting his long non-completed application, asking that the action of the Board be re-considered. The request was granted, and upon presentation of all required evidence the license was granted as above.

The application of Edw. H. Griswold of Los Angeles was rejected, because of insufficient credentials. The applications of J. H. Beauford of Butte City and J. E. Davison of Woodland being incomplete were laid over. The application of J. L. Vaughan of Lodi, on a diploma from the Memphis Institute (Eclectic), was withdrawn.

The Secretary reported progress on the fourth edition of the Medical Register, having 1200 letters ready to mail to M. D.'s and P. M.'s, asking names and locations of physicians. We hope the profession throughout the State will aid us in the work of promptly reporting their own names and those of their neighbors. It will be like "bread cast upon the waters."

R. H. PLUMMER, *Secretary.*

JAMES MARTINEAU, D. D., the brother of Harriet Martineau who was an outspoken atheist, has written a book called a "Study of Religion." He maintains that even though we regard all present forms of life as developed by natural agencies from a protoplasmic germ, there must yet have existed in that protoplasm a capacity for self-adaptation to all stimuli to which the complex organisms now respond. This is plainly true, and it plainly postulates the existence somewhere in the chain of causation of intelligence at least equal to that which was supposed by earlier naturalists to be manifested in the specific fabrication of hand or trunk, of eye or ear.

OPHTHALMIA 'NEONATORUM.—In a note to the *British Medical Journal*, February 4, 1888, Dr. R. H. Mules speaks very strongly of the following: Evert the lids to the back-fold; dry them with a soft, clean rag; wash them freely with alcohol, a soft camel's hair brush; and flood with a 1 to 2000 of corrosive sublimate solution.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. III. LOS ANGELES, CAL., OCTOBER, 1888. No. 10.

ORIGINAL.

DIPHTHERIA.*

BY J. H. DAVISSON, M. D.

DIPHTHERIA is a specific, infectious and contagious disease, characterized by epithelial changes in and the exudation of fibrin on and into mucus membranes, the surface of wounds and the rete Malpighii, thereby constituting the so-called pseudo-membrane (Jacobi). According to Loomis, another most eminent American author and teacher, diphtheria is a specific, constitutional disease, both miasmatic and contagious. We have advanced to that juncture, in nosology and etiology, that we can safely say that the etiology of diphtheria is explained by the presence of vitiated air, bad sewerage and filth.

The disease germ or microbe attacks the abraded or vulnerable mucus membranes primarily and then develops into a constitutional disease after penetration and propagation. This view of the etiology is not held by the entire profession; but to my mind the process of development is the same, regardless of its origin, whether the contagium lodges in the membrane while breathing it in toxic air, or while drinking it in vitiated or polluted water. The period of incubation has been a mooted question; but from clinical data we may say, in truth, that it varies from one to twelve days. With this view of the etiology of diphtheria the importance of strict sanitation is apparent; and prophylaxis demands isolation, thorough fumigation and disinfection.

Since diphtheria is a specific disease, dependent upon a contagium, and with both local and constitutional manifestations, our therapeutics must of necessity be both local and general.

In regard to the external local treatment, like internal medication, various agencies, with manifestly opposite effects,

* Read before the Los Angeles County Medical Society, Sept. 7, 1888.

have been extensively employed, and have received the hearty indorsement of high authority: viz., as heat and cold; anodynes and irritants; dry and moist applications (perhaps the best results are obtained from a combination of heat, moisture and anodynes); as fomentation with camphorated soaps, liniment, belladonna or hops. Blisters and irritants are open to the serious objection of invasion with the membranous deposit, or the diphtheric process. While cold is a well known antiphlogistic agent, but by contraction it retards softening and the expulsion of the fibinous deposit (as indicated by Oertel and others), the very condition sought and accomplished by the judicious use of moist heat.

The internal local treatment is, in my judgment, much more important, and many remedies have received recognition; but the remedies in favor with me are antiseptic cocainized sprays and gargles. One-fourth to a half grain of cocaine to the ounce of antiseptic sprays, applied every ten or fifteen minutes with a hand-ball or steam atomizer, contracts the blood-vessels and reduces the hyperamia, producing temporary local anesthesia, relieving sensibility and pain on deglutition, lowering temperaure, and by its combined anesthetic and antiseptic action, with its power of contracting the blood-vessels, it prevents, in a measure, septic infection from absorption.

The increase of secretion which takes place from stimulation of the glands of the mouth and throat, under the spray also favors softening and exfoliation of the membranous exudation.

Warm sprays facilitate the process of softening, but I must confess I never had any marked good results from the vaunted digestive ferments in diphtheria. Lactic acid, as advocated by McKenzie and others, has always failed in my hands. I have frequently treated these fetid and most dangerous and painful cases with Dobell's solution, listerine and cocaine as a spray, with the most happy effect.

Unfortunately the disease does not long remain local in its manifestations, and the fact of its early development into a grave constitutional malady renders internal or constitutional treatment, at all times, the treatment *par excellence*.

In my early experience with diphtheria, as it raged with such fatal results in Virginia, I treated it generally with tincture of chloride of iron and chlorate of potash, both as

gargle and internally, with quinine and domestic brandy (apple-jack) in full doses; and used gargle of carbolic acid or permanganate of potash — and the same with post-nasal syringe in case the nares were involved. And in fact after more than a dozen years' practice I am in doubt as to whether anything has been added in treatment to take their place as remedies for this most dreaded malady. High temperature may be reduced by an occasional dose of antipyrin, and last but not least concentrated fluid diet is an important consideration at all times. I do not now, nor did I ever, wait for symptoms of adynamia or septic blood changes with consequent depression or heart failure, as an indication for alcoholic stimulants, but believing that alcoholics are never objectionable, in these cases, I give whisky or brandy in full doses, in all cases, from the beginning, and I have never had reason to regret it. It is a mistake to think that in malignant diphtheria the greatest danger is from apnoea; death oftener results from asthenia, consequent upon septic blood changes. Indeed most cases that die after intubation of the larynx, and tracheotomy, die of septic blood changes and collapse.

If it were true that most fatal cases choke to death, as stated by the best authorities, why not a better record from intubation and tracheotomy in this country? Intubation does not endanger the life of the patient, if tracheotomy does; and it surely prevents choking.

Finally if anodyne fomentation externally, cocainized antiseptic sprays (warm), alcoholic stimulants, chlorate of potash and tincture of iron, with quinine and supporting diet, don't succeed and the patient is threatened with suffocation, with the larynx lined with the pseudo-membrane, practice intubation or tracheotomy as a dernier resort, to supply air for the function of hematosiis, till the course of rational treatment indicated, may accomplish its purpose.

Los Angeles, Cal., Sept. 7, 1888.

The Universities of Cambridge and Oxford, in England, now have medical departments, not as detached schools, but as integral and coördinate parts of the University.

A CASE OF BILIARY ENGORGEMENT FROM OBSTRUCTION OF THE COMMON BILE DUCT.

BY J. McFADDEN GASTON, M. D.,

Professor of Surgery in the Southern Medical College, Atlanta, Ga.

As a writer in the "Annual of Universal Medical Sciences" has given some importance to my remarks in the SOUTHERN CALIFORNIA PRACTITIONER upon the use of olive oil in biliary obstruction, I am prompted to report an interesting case in which it failed to secure any lasting benefit:

On the 16th of March of the current year I was called in consultation with Dr. Henry Bak to see a gentleman with jaundice, who had been under his care for several weeks, and in whose case most of the remedies usually employed with success had failed to afford any permanent relief.

The indications, so far as the discoloration of the skin, the itching of the surface, and the absence of bile from the evacuations, with the drop-tings of bile in the urine, led us to infer some obstruction of the common gall-duct; but there were also symptoms which pointed to yellow atrophy of the liver, and we were at a loss to make out an exact diagnosis in the case.

After taking small doses of calomel with bicarbonate of soda for several days in succession, he took a purgative dose of jalep, without restoring the biliary secretions to the fæces. He used then, persistently, drachm doses of the phosphate of soda, for some time without effect. A combination of gentian, tincture rhubarb, tincture nux vomica, with bicarbonate of soda, was also resorted to ineffectually.

At this juncture we concluded to try the olive oil in doses of four ounces every four hours until sixteen ounces were taken, and the result was apparently satisfactory in bringing away a large number of hardened masses evidently embodying cholesterine. These were no gall-stones proper, but the shape and character of the masses led me to infer that these formations may have existed for some time in the upper intestines; while my colleague was inclined to the opinion, held by some authorities, that they were the effect of the oil upon the intestinal contents. Intermixed with these masses there was some dark grumous blood which could not be traced to the hemorrhoidal sanguinous effusion that had at times been

present in his passages; and I was disposed to attribute this to the abrasions of the mucus membrane surrounding the seat of the previous accumulation of these indurations. As there was a hemorrhagic discharge after the cholesterine formations ceased to appear, we availed ourselves of the hemostatic properties of spirits of turpentine in doses of ten drops every four hours, until the grumous blood disappeared from the evacuations.

During this period there were alternations in the degree of discolorations and the itching of the skin, but only slight indications of biliary matter in the fecal discharges, and little diminution of the bile-tinge in the urine, except for a single day after taking the olive oil, which seemed to afford temporary relief in this respect.

Any operative measure of an exploratory nature was not thought expedient in view of the absence of those signs connected with enlargement of the gall-bladder which warrant such procedure. But Dr. Bak and myself considered the case as calling for the most thorough investigation available, and determined upon a recommendation to consult Dr. J. H. Musser of Philadelphia, with the expectation that he would take other prominent members of the profession into counsel as to the diagnosis and treatment. Accordingly the patient was accompanied by Dr. Bak to Philadelphia about the month of May; and Drs. Musser, Keen and Raffun took charge of the further treatment in his case, but did not see their way clear to undertake any operations. He went subsequently to Saratoga, and the use of the waters brought no relief. Dr. Janeway of New York saw him in the meantime and yet did not discover anything calling for a laparotomy.

Not being able to present in detail the views of either of those medical advisers as to the exact nature of the affection or the character of the treatment suggested by them, I only accentuate the point that an exploratory operation was not resorted to, as in some sort relieving us of the responsibility of declining to undertake it at an earlier stage of the disease.

The patient subsequently developed ascites, and after returning to Atlanta Dr. Bak aspirated the abdomen, drawing off about a quart of the fluid having a brownish yellow color.

Death occurred on August 28th and a post-mortem examination was made by Dr. Bak with the assistance of Dr. K. C.

Divine and myself on the 29th. Without going into all the minute points of this exploration, I may state that the gall-bladder was considerably distended, without, however, reaching below the margin of the liver. There were some adhesions of its wall to the stomach and adhesions between the colon and duodenum, with a very perceptible dilatation of the small intestines below the duodenum, with signs of subacute inflammation and thickening of its walls. The query naturally arises in my mind as to the probability of this having been the seat of the accumulations of the cholesterine, to which allusion has been made above.

On laying open the gall-bladder a dark thick fluid of the consistence of molasses was evacuated, without finding any biliary concretions; the quantity was not less than ten ounces, and this inspissated bile had evidently been in its receptacle for a considerable period, without any fresh bile being added. It attempting to pass a probe from the gall-bladder into the cystic duct it was found impermeable. Our attention was then directed to the duodenum with a view to find, if possible, the entrance of the ductus choledochus, but on laying open this canal no trace of the opening could be discovered; and a band of indurated tissue between neck of the gall-bladder and the duodenum was the only vestige of the common bile duct. In contact with this and the wall of the duodenum the head of the pancreas was found indurated and adherent to the surrounding structures, affording a clew to the obstructions of the duct which had caused all the trouble; and upon making an incision into its structure we inferred that it had undergone a scirrhus degeneration.

The hepatic ducts were much enlarged and filled with a similar dark thick fluid to that found in the gall-bladder. The minute structure of the liver was hardened, and dark specks in its acini indicated that they were engorged with the effete bile.

It appears clear from the large accumulations of inspissated bile in the gall-bladder that up to the time of occlusion of the cystic duct it might have been practicable to afford relief in this case by an operation; but since that occurred no operative measure short of connecting the hepatic ducts with the gall-bladder by an artificial opening could have availed toward relieving this complication.

The operation of Koppeler was successful under similar circumstances prior to the obstruction of the cystic duct. Being unable to reach the duodenum, he availed himself of a coil of the small intestines into which an incision was made, to which he sutured the incision made through the walls of the gall-bladder and effected a fistulous opening.

As there exists some misapprehension in regard to my relations to this operation, it is not out of place to record here the position taken in the original article which appeared in *Gaillard's Journal* for October, 1884, page 379, as follows: "It is proper, under some circumstances, to evacuate the distorted gall-bladder externally, with a view to establish a free communication from it to the intestinal canal, which is requisite for a successful result of the operation." Again in my paper laid before the British Medical Association in 1886, it made this statement: "In case of incision into the sac (gall-bladder) for the removal of its solid contents, this may be closed by Lamberti suture, separate from the loop of attachment or *may be secured by a corresponding incision in the duodenum*, dispensing thus with the loop for effecting a communication."

Under the conditions presented in Koppeler's case and those found in the present case, when the duodenum is shut in by adhesions, it is the only alternative to attach the gall-bladder to the intestines at the nearest accessible point below the duodenum. This was evidently intended and clearly expressed in my statement, on page 371 of the article in *Gaillard's Journal*, suggesting this operation to the medical profession, viz.: "The prime consideration for the pathologist is whether any considerable collection of fluid ever occurs in the gall-bladder without occlusion of the gall-duct, and the question of paramount importance for the surgeon is the practicability of restoring the flow of bile into the duodenum or *the adjacent portion of the intestinal canal*, by the natural or an artificial communication."

These quotations put at rest all the criticisms which have been indulged as to the designations of this artificial fistulous opening between the gall-bladder and the first division of the small intestines, and perhaps some editors who have sought to give the credit to others can be made to understand that I lay no claim to priority of conception, but simply insist upon the

recognition of my experiments and those of Golzin upon dogs as placing this procedure on a practicable footing for the adoption of surgeons. The favorable result in the operation of Winniwerter and in that of Koppeler demonstrates the practicability of restoring the bile to the alimentary canal in occlusion of the common bile duct by this simple surgical procedure.

TWO HUNDRED AND FIFTY-SIX PRACTITIONERS IN LOS ANGELES.*

TO THE OFFICERS AND MEMBERS OF THE LOS ANGELES COUNTY MEDICAL SOCIETY: Your committee, who, by resolution, were instructed to take under advisement the proper steps to be taken to prevent any person or persons from practicing medicine in this city in violation of the act regulating the practice of medicine in the State of California, desire to report as follows. In order to work intelligently we ascertained, after no little toil, the following facts bearing upon the subject; viz., at this date there are practicing medicine in Los Angeles city, 256. These we have classified as follows:

Total number practicing in Los Angeles, Sept. 7, 1888.....	256
Regular physicians recorded in Clerk's office.....	113
Homeopaths " ".....	21
Eclectics " ".....	6

140 140

Unrecorded.....116

Regulars not recorded.....* 18

Homeopaths not recorded..... 7

Eclectics not recorded..... 2

Electric, Magnetic and Miscellaneous..... 6

Unknown..... 83

116

Of the unrecorded there are—

Regulars with Certificates..... 10

Homeopaths with Certificates..... 2

Eclectics with Certificates..... 1

13

* Read at meeting of Los Angeles County Medical Society.

This presents a formidable showing; nearly one-half of those practicing doing so in violation of the law.

1. We would suggest, first, that such of our own Society members as have not as yet complied fully with the requirements of the law be instructed to do so without delay.

2. We would recommend, secondly, the adoption of the following preamble and resolutions, viz.:

WHEREAS, On the third day of April, 1876, the people of the State of California, represented in Senate and Assembly, did pass an act to regulate the practice of medicine in the State of California, and on the first day of April, 1878, an act supplemental to and amendatory of the same; and

WHEREAS, These acts have repeatedly been decided to be constitutional by the Supreme Court in different test cases; and

WHEREAS, The provisions of the law are both just and liberal, granting to each State Medical Society incorporated and in active existence at the time of its passage the right to appoint annually a Board of Examiners; and

WHEREAS, Pursuant to this authority the Medical Society of the State of California, the Homeopathic Medical Society of the State of California, and the Eclectic Medical Society of the State of California have each appointed and maintained their several boards; and

WHEREAS, It is possible and easy for every individual qualified by the requirements of either of these representative boards to obtain authority to practice medicine in this State; and

WHEREAS, We regard the violation of these as of all other laws debasing to the transgressor and hurtful to the community at large; therefore,

Resolved, That as a body of law-abiding citizens, the Los Angeles County Medical Society will use every endeavor to secure obedience to the statute.

Resolved, That the District Attorney shall be apprised every month of its violators, and that he shall be aided in every necessary way in the prosecution of such as willfully persist in its infraction.

Resolved, That in the stand thus taken we disclaim any sectarianism or personalities. The three State Boards occupy a common plain before the law; therefore we call upon all phy

sicians, of whatever name, who have themselves complied with the provisions of the law, to act in conjunction with this Society and these Boards in securing its general enforcement. It is the belief of your committee that this Society should take a positive stand in this matter and determine to follow it up patiently and persistently. The District Attorney has expressed his willingness to begin his efforts in this direction at once, assuring us that no means should be spared to prosecute to a conviction any case brought to his notice with requisite evidence upon which to base a charge. This we are confident may be effected by such members of the Society as may be willing to collect evidence at no expense whatever to the organization.

As a Society we should present a clean record and a solid front to the enemy. We should each be alike responsible for the acts of the Society, and each be manly enough to admit it; and neither, by word, look nor act, intimate dissent or disagreement.

Respectfully submitted.

M. HAGAN,

H. S. ORME,

F. A. SEYMOUR,

Los Angeles, Sept. 7, 1888.

Committee.

BELOW THE SEA — NATURE'S PNEUMATIC CABINET.

BY WALTER LINDLEY, M. D., LOS ANGELES,

Vice-President of the State Medical Society of California: Professor of Obstetrics in the Medical College of the University of Southern California, etc.

I RECENTLY read* that an American of wealth was establishing a sanatorium in the valley of the river Jordan, near the Dead Sea. He ascertained that a bronchial affection was relieved where the barometric pressure was great, as it is in this valley of the Holy Land. This is the most marked depression on the face of the earth, being twelve hundred feet below sea-level. This gentleman makes the reasonable assertion that where atmospheric pressure is greatest, as in the depressions, respiration is easiest.

* Eclectic Medical Journal, Cincinnati.

In the eastern part of San Diego county, about one hundred miles from Los Angeles, is a depression traversed by the Southern Pacific Railroad, known to geographers as the San Felipe Sink, but commonly called — on account of the innumerable shells spread over its surface—the Conchilla Valley.

The unobserving transeontinental traveler over the Southern Pacific Railroad would travel the one hundred miles west of Yuma—on the Colorado river—without giving a glance out of the car-window, but he would think he was in the Colorado Desert, and wish the train would go faster; yet this very spot is one of the most remarkable on the face of the globe.

Dr. J. P. Widney,* of Los Angeles, while surgeon in the United States Army, crossed this region with troops twenty-one years ago. He then noticed surrounding this territory a well defined line along the mountain-sides, always at the same level. Above that line the rocks are sharp and jagged, showing that for ages the water had stood at that level. He says, "I found it to be the old beach of a sea." I find nothing else noted of this country until the surveying party of the Southern Pacific Railroad, in running the line from Los Angeles to Yuma, found that sea-level was at the point where Dr. Widney had noted the ancient beach. They then gradually descended to the south until they reached a depression of two-hundred and sixty-eight feet below sea-level, at a point near Salton.

This basin is about one hundred and thirty miles in length by thirty miles in average width. The deepest point is about three hundred and sixty feet below sea-level. Along the northern margin of this basin, right up against the mountains, are great numbers of date-palms. These tropical trees are indigenous to this valley, and many of them reach a height of eighty feet. When ripe, a single bunch of fruit weighs one hundred pounds. It has a taste very similar to the date-palm of commerce. The tree has large fan-leaves, and is the same as can be seen in almost every park and yard in the towns of Southern California. The passenger on the Southern Pacific Railroad, by glancing out of the north side of the car at Indio, can see these giant sentinels keeping silent vigil over the plains beneath them.

* See California of the South, second edition, New York : D. Appleton & Co. 1888.

At Salton, on the Southern Pacific Railroad, the surface of the earth for nearly ten miles square is covered with a crust of salt from four inches to a foot thick. I stopped there in midsummer and went out on this great white field about noon. The mercury indicated 105° F. in the house, but out in the sunshine, with the dazzling reflection from the glistening surface that extended for miles on each side, the temperature was probably 130° F. The workmen out in this peculiar harvest-field were as cheerful as any set of men I ever saw, and there was far less exhibition of suffering from heat than is to be seen, ordinarily, in July, in the wheat-fields of the Mississippi Valley. The low relative humidity explains the total absence of sunstroke here. The atmosphere in this region, adulterated by the chlorine gases emanating from the salt-beds, must be nearly aseptic. There are extensive mills here for grinding the salt. It is not put through any system of purification, but, after grinding, proves to be excellent for table use. Several hundred tons are thus prepared every month and shipped away.

A few miles east of here are the famous mud volcanoes, which are equal in wonder to the geysers of this State. Owing to the treacherous character of the ground around them they have never been thoroughly examined. Professor Hanks, the State mineralogist, undertook it, but breaking through the crust he was so severely burned that he was compelled to abandon his investigations.* Here is an extensive, almost unexplored, field for some adventurous scientist.

Indio is the place to stop and make headquarters for tours through this interesting country. It is the principal station in the valley, and is near the northern rim of the basin, being only twenty feet below sea-level. The sandy plains around Indio were formerly considered a hopeless barren waste, but the advent of the railroad has made great changes. Good water is supplied by surface wells; but in order to have water for irrigation, artesian wells have been bored. There is one two and three-fourths miles east of Indio that is now flowing one thousand gallons per hour. This flowing water was reached at a depth of only one hundred and fifteen feet, after boring through layers of sand, clay, sand, tough blue clay, clay, coarse gravel, clay, and sand. Oranges and various

* Dr. Stephen Bowers in the Golden State, March 3, 1888.

other kinds of fruit are being grown here, and melons, tomatoes and berries ripen several weeks earlier than at Los Angeles and other places near the coast. There are in this vicinity about forty thousand acres of excellent land. The visitor here, on witnessing the water flowing from the artesian wells, the grass growing, the melons ripening, and the peach-trees blooming, can fitly say with Isaiah: "The Lord shall comfort all the waste places. He will make the desert like the garden, and the desert shall rejoice, and bloom as the rose. For in the wilderness shall waters break out, and streams in the desert. And the parched ground shall become a pool, and the thirsty land springs of water."

In this valley live about four hundred of the Cohuilla Indians. This is an interesting tribe. Dr. Stephen Bowers, in a paper read before the Ventura County Society of Natural History, March 5, 1888, said that he believed them to be of Aztec origin. They are sun and fire worshipers and believe in the transmigration of souls, and that their departed friends sometimes enter into coyotes, and thus linger about their former habitation. They practice cremation. Their principal article of food is the mesquit bean, which they triturate in mortars of wood or stone, after which the meal is sifted and the coarser portion is used as food for their horses and cattle, and the finer is made into cakes for family use.

The agave, or century-plant, which is indigenous here, is also much used for food. The roots, roasted, taste like stewed turnips, while the stem, roasted, is said to taste like baked sweet potatoes. From this plant they also make the Mexican beverage *pulque*, which has about the same alcoholic strength as beer. The ethnologist can, by gaining their confidence, get much interesting information from these very peaceable Indians.

I found at Salton and Indio asthmatics, rheumatics, and consumptives, all of whom reported wonderful recoveries. Some of these stories I accepted *cum grano salis*, which phrase is, by the way, especially applicable to the salt-fields. These asthmatics and consumptives claim that the farther they get below sea-level and the dryer the atmosphere, the easier they breathe. The rheumatics claim that the heat and dryness improves the circulation, and thus relieves them.

My stay was not long enough to make any trustworthy

observations, but it occurred to me that, aside from dryness—mean annual relative humidity certainly not over twenty-five—and equability, there was considerable atmospheric pressure at a point three hundred and fifty feet below sea-level, and that we had here moderately compressed air on a large scale. In a recent paper* on the use of the pneumatic cabinet, the author, from many cases in practice, shows that compressed air relieves asthmatics and cases of phthisis. He says the compressed air will gradually force its way into every part of the lung, in order that the pressure may be the same on the inside as on the out. While the proportion of oxygen is, of course, not increased, yet there is an increased quantity in a given space, and we really have the oxygen treatment here on an extensive scale.

The physician may say that at from two hundred to three hundred and sixty feet below sea-level the pressure would not be as much as in the cabinet. That is true, but the patient goes into the cabinet for, say half an hour, three or four times a week, while if he is at a point like Salton he is breathing this moderately compressed air all the time, day and night. This is simply on the principle of the pneumatic chamber of Tabarie, the first one ever employed. This is the method recommended by Dr. A. H. Smith.† He refers to the therapeutic value of the increased amount of oxygen inhaled. He says compressed air is useful in catarrh of the mucus membrane, in acute and subacute inflammation of the respiratory mucus membrane, in restoring the permeability of air-tubes occluded by exudation or otherwise, in asthma, in pulmonary hemorrhage, in pleuritic effusion, in simple anæmia, in inveterate cases of psoriasis and ichthyosis, and in the various forms and stages of phthisis. He does not recommend it in pulmonary emphysema. Dr. Smith says compressed air should be used promptly and perseveringly on the earliest recognizable signs of apical catarrh in those predisposed to chest disease. He also especially recommends it as an alterative.

Of course my deductions are all tentative, but I hope by calling attention to this unique region to gain the assistance of intelligent observers.

* Dr. H. B. Lathrop, in *SOUTHERN CALIFORNIA PRACTITIONER*, October, 1887.

† Smith, Andrew H.: *The Physiological, Pathological, and Therapeutic Effects of Compressed Air*. Detroit: Geo. S. Davis. 1886.

If a phthisical or asthmatic patient of considerable vigor intends coming to Southern California, his physician might be justified in suggesting that—except during the summer months—he stop at Indio, and from there test the climate of this basin. If not suited or benefited, it is but two hours' ride by rail to Beaumont, a delightful resort, with excellent accommodations, two thousand five hundred feet above sea-level; but two hours more to the pine forests in the San Jacinto mountains, from six thousand to ten thousand feet above sea-level, or to Riverside, Monrovia, Pomona, or Whittier, all about one thousand feet above the sea; or to Los Angeles, three hundred and fifty feet above sea-level; or to Santa Monica, Long Beach, Santa Barbara, or San Diego, directly on the coast, and but nine hours' ride by rail and boat to Catalina Island, twenty-five miles out at sea, where a typical ocean atmosphere can be enjoyed. Thus an error in location can be quickly corrected.

NOTE. OTHER PLACES BELOW SEA-LEVEL.—*Sink of the Amorgosa* (Arroyo del Muerto), in Eastern California, two hundred and twenty-five feet below sea-level. *The Caspian Sea*, eighty-five feet below sea-level. *Lake Assal*, east of Abyssinia in the Afar country, eight miles long and four miles wide, is about seven hundred and sixty feet below sea-level. Its shores are covered with a crust of salt about a foot thick. This salt is a source of revenue to the Afars, as they carry it by caravans to Abyssinia, where they find a ready market. There are several other depressions about six hundred feet below sea-level in this vicinity. The noted oasis Siwah, in the Libyan desert, three hundred miles west of Cairo, is one hundred and twenty feet below sea-level. Here are beautiful date-palm groves, and here also the apricot, the olive, the pomegranate and the vine are extensively cultivated. In this same desert is the oasis *Araj*, two hundred and sixty-six feet below sea-level. There also numerous other depressions in the desert portion of Algeria and at various points on the Sahara Desert.—*The Medical Record*.

REMARKS ON ANTISEPTIC SURGERY.*

BY RICHARD J. LEVIS, A. M., M. D.

THE tardy recognition of the great benefits of antiseptic surgery is a discredit to the surgery of the times. It is nearly thirty years since Mr. Lister, now Sir Joseph Lister, founded on certain definite principles, a form of wound treatment called the antiseptic method. It is based on the proper recognition of a common biological process, the decomposition of organic substances. The principle involved in the treatment is the same as that universally recognized in domestic economy for

*From an Address on "The Traditional Errors of Surgery."

the preservation of animal and vegetable substances. By the antiseptic treatment surgery has almost been revolutionized, and to it is due much of the modern great increase of the surgical domain. Effective prevention is now substituted for the ineffectual treatment of avoidable sequences; and the unfortunate complications of septicæmia, pyæmia, hospital gangrene and erysipelas have been much abated since their germinal origin was understood.

I agree with Dr. Gerster, in his work on antiseptic surgery, that "*It cannot be successfully denied that the surgeon's acts determine the fate of a fresh wound, and that its infection and supuration are due to his technical faults of omission or commission.*"

Prof. Tyndall recently said: "A great theory has never been accepted without opposition. The theory of gravitation, the theory of undulation, the theory of evolution, the dynamical theory of heat, all had to push their way through conflict to victory. And so it has been with the germ theory of communicable diseases. * * Some of the outlying members of the medical profession dispute it still. * * * Such must always be the course of things as long as men are endowed with different degrees of insight; where the mind of genius discerns the distant truth which it pursues, the mind not so gifted often discerns nothing but the extravagance which it avoids."

To this late day few of the popular text-books of general surgery give the subject even respectable recognition. The latest edition of one of these, a text-book adopted by a college of this city, asserts that "the alleged superiority of the antiseptic method cannot be said to have been as yet demonstrated"; and the author dilates on the danger from carbolic acid, and disposes of the bichloride of mercury as but "the fashionable antiseptic of the moment." But we are surely advancing through darkness into light, and Sir Joseph Lister, the originator of the antiseptic treatment of wounds, now worthily stands as the grandest figure in the surgery of the latter end of the nineteenth century. His name will be written on the tablets of the future with those of Jenner and Morton and others whose labors have been a gain to science and a blessing to humanity.

It seems to me unfortunate that carbolic acid was adopted

as the favorite antiseptic and so long exclusively adhered to by Lister. Its comparatively weak and evanescent antiseptic qualities, and, when in potential solutions, its irritating character, frequently caused failure and led many surgeons to doubt the real value of the antiseptic treatment. In solutions strong enough to be thoroughly antiseptic it produces irritation, and may even cause the suppuration it was promised to avert. It is certain that with the general adoption of the thorough antiseptics of the mercurial salts has antiseptic treatment become general.

To the younger members of the profession are generally due the unprejudiced study, the recognition of the merits and the practical introduction of the antiseptic treatment of wounds. The older surgeons have generally been tardy and often persistently obstinate in opposing it. The attending surgeons of our general hospitals appear to have at last learned of its value and become obliged to recognize and adopt it from the younger resident surgeons of the wards. In one of our hospitals an attending surgeon yielded his opposition and permitted antiseptic treatment in his wards, against his apparent conviction, and only under authoritative compulsion by the managers of the institution.

I am impressed by and am fully in accord with the remark of Prof. Fordyce Baker, in a recent address, in which he admitted that he "learned only from the young men in the profession."

SYMPTOMS OF INSANITY.

WIFE—"Where were you last night, John?"

HUSBAND—"At the theater with a customer from the West."

WIFE—"What, in all that pouring rain?"

HUSBAND—"Certainly; what's a little rain?"

WIFE—"You are going to church with me this morning, aren't you?"

HUSBAND—"What, in all this rain? You must be crazy!"

—*Epoch.*

Hot bath, or hot abdominal compress, for sleeplessness.

SELECTED.

PTOMAINES—THEIR VALUE IN FORENSIC MEDICINE.*

"PTOMAINES," from ptoma, the fallen beast or carcass. To distinguish them from similar results of vegetable life they are called also "cadaveric alkaloids," or "alkaloids of decay." They are produced whenever animal or vegetable substances containing nitrogen are subjected to putrefaction, or especially to the changes of atmosphere. Although not bitter they have an astringent taste, and some are very poisonous, giving rise to symptoms resembling certain drugs which will be later referred to; some, however, are not poisonous. Ptomaines, according to a French gentleman, whose name I am unable to give, are also found in the gastro-intestinal tract; are generated in the body, produced physiologically in the system, and are known as "leucomaines," during health. During disease, ptomaines are developed as a result of the retention of leucomaines, hence we see in all, or almost all, febrile disturbances symptoms corresponding in part to some poisonous drug.

That decaying animal matter has a toxic effect on the living organism is a fact with which all people have been more or less acquainted since the earliest date of the history of man. Savages from the earliest day of uncivilized warfare have frequently availed themselves of this knowledge by steeping their arrow heads in decaying carcasses for poisonous purposes. Health and even life itself have often been sacrificed in the dissecting and post-mortem rooms by imparting this poison to the healthy body through trivial sores on the hands of the investigators.

The fact that the source of this poison was inherent in the carcass was always recognized, but that the germs for the production were simply transplanted from the dead to the living, and that the toxic effect originated from the action on living tissues, was entirely unknown until the present century: in fact their true action was hidden in the bosom of mysteries until the last score of years, when scientists unraveled the mysterious surroundings of their existence and demonstrated the chemical and post-mortem changes to which they owe their presence.

*W. W. McCormick, M. D., Denver, Colo., in the *Denver Medical Times*.

There are basic substances developed during life owing their existence, of course, to chemical influences and not to microbes; such are the alkaloids of plants and the leucomaines.

The existence of different and distinct micro-organisms must not be ignored and certainly not considered catalytic, as they must be able to utilize the soil upon which they thrive, their natural abode, and breaking up the molecule rather than consuming it and giving rise to the products as excreta.

L. Wolf, M. D., Demonstrator of Chemistry, Jefferson Medical College, Philadelphia, has extracted from the brain of a mule, which had died of tetanus, a basic substance which possessed tetanic properties. V. C. Vaughn, M. D., Ph. D., Professor of Physiological Chemistry in the University of Michigan, in a paper read before the thirty-eighth annual meeting of the American Medical Association, also discovered one and gave it the name of "tyrotoxican," from its origin in putrid cheese. This he developed at first to avoid the frequent poisoning from dairy products, and it was by him declared to be the pathological production of cholera infantum. Proofs to this end are not conclusive, yet analogy offered by him, together with clinical experience, leaves no doubt that tyrotoxican is the ptomaine producing the symptoms of the disease. The important bearing of this testimony on the milk feeding of infants is indeed a great one and has borne fruitful results. As an agent that has caused frequent forensic investigations, tyrotoxican has cleared up many mysterious poisoning cases that were supposed to be due to some admixture. Its presence has also been verified and demonstrated when charges of poisoning had been made.

The same may be said of other ptomaines—the poisonous elements in cheese, ice cream, solids, canned goods, etc., when wholesale poisoning was promptly attributed to someone admixing agents, and when innocent parties have been prosecuted. During an epidemic in the Russian army, Poehl, as one of the commission to investigate it, found large quantities of ptomaines in the flour. Thomas H. Hawkins, M. D., Professor of Gynecology, Abdominal Surgery and Clinical Midwifery, Gross Medical College, Denver, says, "I believe all puerperal fevers to be due to septic ptomaine."

The first to isolate an alkaloid from the tissues and fluids of a dead body was Dupre and Bence Jones, who in 1886, by

acidulating with sulphuric acid, separating the extract, neutralizing it, and then shaking it with ether, extracted a basic substance which they called chinoidon by reason of its fluorescence with sulphuric acid. Sonnerschein and Zulzer separated, in 1869, from liquids which had contained anatomical preparations, as well as from muscular tissues, microscopical crystals, which gave the chemical reaction for atropine and hyoscyamine, which when distilled into the eyes of animals produced marked mydriasis, increasing cardiac action and paralyzing peristalsis. Rosch and Fassender in 1871 discovered, during a toxicological analysis, a basic body in the liver, spleen and kidneys, which much resembled digitaline. Schwanert also separated from a cadaver, about the same time, an alkaline fluid of the odor of trimethylamine of a bitter taste, answering to many of the alkaloidal tests. About 1871 Francesco Selmi first brought out the forensic importance of ptomaines by his brilliant researches in a poison case, upsetting the expert testimony which tended to convict the accused. Thus, during the celebrated trial for the supposed murder, by poison, of the Italian General Gibbons, whose servant stood accused on circumstantial evidence of having administered to him poison, two prominent experts declared to have found delphinine in the intestines of the deceased. Selmi proved incontestably that the same reaction produced by the experts for the prosecution would also result from ptomaine obtained by him in the usual manner, that is from the alkaline fluids of animal substance by extraction with ethers. He showed also that delphinine responded to many reactions to which the substance from the body of the deceased did not.

In the case of the widow Sonsogan, in Cremona, whose body was exhumed twelve days after death and where morphine was asserted to have been found, Selmi again, by an extended series of experiments, proved, without doubt, that the supposed morphine was nothing but a cadaveric alkaloid of similar chemical reaction. These researches were soon confirmed, and ptomaines have to-day a place in forensic medicine which bids fair to upset all preëxisting investigations.

During the case of Bsandes-Krebes, tried in 1884, there was discovered, besides arsenic, a coniine-like body which corresponded in some reactions both with coniine and nicotine, but differed in other reactions from both; it was very poisonous, 44 millegammes killing a frog in less than a minute.

Another coniine-like body was isolated by Broamardel from a woman. It also acted as poison on animals. A veratrine-like body which reduced potassium ferricyanide was obtained from other dead bodies, but which did not induce tetanic symptoms. A general reaction was proposed for the ptomaines on this principle, maintaining that none of the vegetable alkaloids possessed that property but morphine. It was shown, however, that it was found to be equally true with hyoseyamine, emetine, igasurine, colchicine, nicotine, apomorphine, ergotine, aconitine, digitaline, eserine, atrophine, and others.

Selmi's work on the recognition of the differentiation between morphine and its simulating ptomaines has become a matter of record. The results of his vast labors, of which he made his life's work, are comprised in a book entitled "*Ptomaine od Alcaloida Cadaverica e Prodotti Analogi da Certi Malatti in Correlazione Colla Medicina Legale*"; Bologna, 1881. He also demonstrated the existence of several non-volatile basic substances in his researches on the product of decay of egg albumen; these substances acted like curare on frogs. His researches were also directed to defining the conditions influencing the development of ptomaines, so that without access of air they were found to develop only ammonia, while under the influence of the atmosphere amines were found. If they were treated with fixed alkalies there resulted bodies of an intense coniine odor; hence in deeply interred bodies in moist or dry ground the amount of air having access would be changed; also the duration of decay has a marked influence on the development of ptomaines, so that different bodies are generated at different times, and that all of them are unstable. This part of the development of ptomaines is of such great importance and so extensive is the subject that I cannot touch upon it.

To day the existence of ptomaines, as is evident, should form a most important part of medico-legal proofs; they also complicate the work of the toxicologist in a most embarrassing manner, not that many have poisonous properties in themselves, but they are capable besides, of forming poisonous compounds with inorganic poisons. To swear away a man's life under such circumstances is a grave responsibility indeed, and that it has been done I leave for your consideration.

While, no doubt, few of the alkaloids and ptomaines cannot be distinguished by corroborative chemical test and physiolog-

ical experiment, the danger is still possible that some alkaloid may be identical with a ptomaine. That animal bodies are not the only substances capable of producing ptomaines will become evident from the fact that they will form whenever proteids are subjected to decay. It now becomes obvious, from a medico-legal stand-point, that the subject of ptomaines is one of vast importance and demands thorough investigation. While a thorough knowledge of the subject is of so great importance in forensic medicine their existence also presents to the pathologist a vast amount of labor, yet opening an avenue through which he will be enabled to solve the mysterious nature of infectious diseases.

TREATMENT OF CARBUNCLE BY SCRAPING.*

THIS method has been recently tried with brilliant results.

The patient is anæsthetized, and if the slough has not already begun to boil through openings in the skin, a small central incision or incisions is made into the parts beneath, and then with the spoon you scrape out every particle of sloughing tissue, working down into the depths, going from part to part, controlling by gentle pressure any venous oozing there may be here, while you are scraping there, until the whole slough is cleared out. Such skin as seems to be dead, blue and bloodless you may cut away with knife or scissors, although it is marvelous how much of apparently worthless skin will return to life and had better be preserved.

The operation is finished by sublimate irrigation, iodoform dusting, and application of wood-wool or absorbent cotton.

PARAFFINE IN THE BLADDER.—The patient passed a bougie made from a paraffine candle into the bladder to relieve some difficulty in micturition. The mass was thoroughly broken up by the lithotrite: a large portion was withdrawn by the instrument, and the rest passed by degrees during the next two or three weeks, either naturally or by means of the catheter and rubber washing-bottle.—*Br. Med. Jr., June 30, '88.*

*British Medical Journal, March 24, 1888, p. 635.

CALIFORNIA WINES.

IN an editorial, in the *New York Medical Journal*, on the wines of our country, Dr. F. P. Foster says:

* * * * We are not unmindful of the fact that many of the attempts made in California to imitate fine European wines have been reasonably successful, especially in the case of Tokay. Moreover we have not the slightest doubt that as fine wines as were ever grown will eventually be grown in California; but they will not be identical with the wines of other countries, and should not have the same names given them. The production of wine of extraordinary excellence and at the same time of distinctive characteristics is not the result usually of a series of trials made during the lifetime of an individual undertaken with a view to accomplish the object finally attained, and progressing continuously to that end; it is the outcome of circumstances largely fortuitous—in plain words, in great measure a matter of chance. The fine California wine of the future will come into existence in the same way; it must be the wine of the country, and it will not be made by copying the details of processes that have been found to answer best elsewhere.

Meantime it is a matter for genuine congratulation that the wine-growers of California have already produced a series of wines that compare favorably with imported wines in palatability, and, beyond all else, that are not contaminated with deleterious adulterants. We trust that these pure and wholesome wines, so advantageous in the dietary of many an invalid and as a substitute for the vile concoctions consumed by the average American citizen, may eventually, as Mr. Harszithy prophesies, be furnished to our laboring classes at the present price of beer. Then California not only will have given health and wealth to thousands who have sought her shores, but will prove a powerful disseminator of an agreeable antidote, so to speak, to the habit of dram-drinking. Then it will be feasible to export our wines to Europe in large quantities."

THE San Bernardino County Medical Society at a recent meeting appointed Drs. Huff, Thompson and Phelan a committee to make arrangements for the December meeting of the Southern California Medical Society

The Southern California Odontological Society held a very interesting session in Los Angeles, October 2d, 3d and 4th.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

DISAPPEARANCE OF OLD-FASHIONED DISEASES.

THE dodo, which one time flourished upon the earth and in its clumsy dodoish fashion enjoyed the good things of life, has passed on into that night of oblivion which before had closed down upon the ichthyosaurus, the megalosaurus, the mammoth, and others of the "Fall of '49 and spring of '50" pioneers upon the earth.

And now comes the sad news that the great auk likewise

has as a species passed on to that land from whose borne neither auk nor homo ever returns, and passing on has for lack of heirs left his property to the care of the public administrator, and his bones to the green spectacled naturalist. Not without reason was it said that all things pass away.

And now comes also (alas, and alack!) a like fate to many of our old friends in the classification of disease. The editor has watched with that curious and mournful interest, which is one of the vested rights of a slowly whitening beard, the process of evolution which is gradually yet surely going on, and which promises to leave him stranded like some ancient hulk amid the clustering shoals of an old-time and antiquated medical nomenclature. And physician and patient seem to vie with each other in hastening the process.

Old-fashioned headache is going the way of the auk and the dodo. Now, when John Smith bumps his head, or happens to have eaten too much dinner, or has a morning thirst for iced soda, because the night before he looked "upon the wine when it is red", he no longer has the headache, but is threatened with congestion of the brain.

And Mrs. John Smith, who was up too late at the ball and indulged too long in the german and has as a penalty what her mother would have called a backache, is suffering from spinal congestion.

And the baby, John Smith, junior, who happens to have a sour stomach and needs a fresh diaper a couple of times in the morning, is suffering from dysentery.

And Miss Violet Minerva Smith, who has perchance a canker spot in her mouth, or a yellow cheesy pellet protruding from one of the follicles of either tonsil, or may be a small ulcer, has of course diphtheria. It would not be fashionable to have anything less.

And colic — our matter of fact forefathers tersely called it bellyache—that is rapidly going the way of the auk, leaving in its stead congestion of the bowels.

And nervous prostration — Oh, the unspeakable boon it is becoming to patient and physician! Mrs. Sophronia Fitz James, who fully believes that labor is a curse, wields the broom for an hour when Bridget has left without warning, and straightway has an attack of nervous prostration, and her husband goes out to the restaurant for his dinner.

And the husband, Algernon Sidney Fitz James, finding the labor of supporting his heels upon the edge of the office table to be too exhausting as the warm days of summer advance, has an attack of the same convenient trouble and goes off for a holiday, while clergyman and lawyer and official (physicians are not exempt) each and all find the seductive and insidious malady stealing away their relish for the toil of life. It is worse than the chloral habit.

And in the midst of it all we poor gray-bearded fellows in the ranks of the profession who were trained to call a spade a spade, look on in a sort of hopeless dismay as our old standing ground of medical nomenclature and pathology slowly turns into a quicksand under our feet, and—"I suppose it is neurasthenia," they will exclaim as we drop aside from the fray.

The elder Professor Silliman was one day present at one of his son's lectures. The son, who in his formative stage of growth had swallowed the Latinized part of the English language and had no room left for any other, happening to meet with a mishap in a chemical experiment before the class, whereby was produced a sudden explosion of inflammable gas, started for another room, stating in explanation to the class that the flame had excoriated his digits.

"Boys," said the elder Silliman to the class in an awe-struck tone, "Benny means that he has burnt his fingers."

STATE RECEIVING HOSPITAL FOR THE INSANE IN SOUTHERN CALIFORNIA.

THE State of California has three insane asylums, all in the central part of the State. To this we have no objection. The central portion of the State contains the preponderance of the population and is, therefore, the point that would naturally be selected for the location of such institutions.

Yet it works a terrible hardship to many. The State of California is so great and so long that to reach the central portion of it from Southern California involves a journey of five hundred miles.

Five hundred miles of the din and startling commotion of railroad travel is a terrible ordeal for a case of insanity in its incipient stage to undergo.

Very often it is a question whether or not the patient is suffering from a temporary aberration, and the commission of lunacy hesitate to commit him to the State insane asylum, and the long ride on the cars. Yet it often seems necessary, and the case becomes one of confirmed mania. Recently in an elderly lady it was very probable that she would recover from acute mania if she could only have a few weeks' treatment for a disease that antedated the mania, but there was no opportunity for such treatment in Southern California, and the patient was sent to Napa. A few days since a well known business man was taken ill and in the course of his sickness was seized with mania. He was in no condition to take a long ride on the cars, but the people living in the vicinity of his residence were disturbed and alarmed so much by his cries that it was deemed necessary, even though it might kill him, to remove him to Napa.

We could enumerate quite an array of instances of similar nature that have come under our immediate observation. What is the remedy for this inhuman treatment of incipient cases of insanity? Our answer is: The State should establish in Southern California a receiving hospital for the insane, where cases of insanity, suffering from acute intercurrent diseases, could receive careful treatment until in condition to stand the long journey to the State asylum, and where cases of supposed insanity that the commission in lunacy were in doubt about, could be remanded for further observation. We would like to hear from members of the profession throughout Southern California as to the advisability of united action to secure from the next legislature appropriation for such an institution.

Dr. Lasher talks of organizing at the Medical College a course in Pathology, Histology and Microscopy for practitioners. He expects Dr. Barber, who is now on his way to Los Angeles from the East, to be associated with him in this work. Such a post-graduate course is much needed, and we believe many of the progressive physicians of this vicinity will gladly avail themselves of this opportunity for drill in these foundation studies.

EDITORIAL NOTES.

THE visit of Dr. W. W. Dawson to Los Angeles was a source of real pleasure to all who met him. He is a delightful gentleman and reflects credit on the American Medical Association of which he is President and is an honor to the Ohio Medical College in which he is Professor of Clinical Surgery. The Doctor has one trait which is not remarkably common in the medical profession, and that is modesty. We were fortunate enough to be with him at two receptions tendered him in Los Angeles, and at neither did he mention the honorable position which he holds, nor — barring a fish story — did he relate any of his own achievements. The latch-string of the profession of Southern California is always out to such men as Dr. Dawson.

In a recent issue of our journal, we quoted from the *Pacific Record*, a paragraph derogatory to the clergy, and spoke of it as though it was an editorial. A note from Dr. Moore, the editor of the *Record*, calls our attention to the fact that the extract was not an editorial, but simply a floating selection. We are glad to make the *amende honorable* to our contemporary and hope no more such errors will creep into our pages.

We call especial attention to the report of Drs. Hagan, Orme and Seymour on the profession of Los Angeles. They are evidently the right men in the right place. They are thoroughly posted, having been at this work for over a year, during which time they have gathered a vast amount of information, and we may expect to hear of a general routing of medical outlaws in this vicinity.

Dr. Chas. A. H. de Szigethy of Los Angeles has been very ill and is not yet able to resume practice. Dr. de Szigethy is probably the most versatile and accomplished physician in Los Angeles, and he is missed in social circles.

The meetings of the Los Angeles County Medical Society have been of unusual interest during the past summer. The attendance has been large, the papers valuable and the discussions animated and instructive.

Dr. L. C. Lane, the Nestor of Pacific Coast Surgeons, made us a pleasant call a few days since.

CORRESPONDENCE.

CHLOROFORM VERSUS ETHER.

THE medical gentlemen who were fortunate enough to be present at the reception given by the Los Angeles County Medical Society to Prof. W. W. Dawson, of the Ohio Medical College, will long remember the pleasant hours spent in desultory talk on medical subjects. Many reminiscences of men distinguished in the profession were related by Dr. Dawson and others present; the talk finally drifted to anæsthetics, and the Doctor indulged the hope that we might some day have an agent as pleasant, as rapid, and as satisfactory in every way, as chloroform, and in addition one as safe as ether. He then gave his own experience in deaths from chloroform, and also some cases which he had observed, one in the ever fatal dental chair, in which cases blood in the larynx is almost always the cause of death.

One of his own cases was a very robust man, who died early in the operation; method of administration was not given.

In another case the heart failed twice before death finally resulted. No attention was given to these repeated warnings, and at the third failure death resulted in spite of all attempts at resuscitation.

Another death resulted in an oral operation, in which the usual suspicion of coagulated blood in the larynx is to be considered. In part of these cases inhalers were used. The presentation of a history of these cases was encouraging to those who prefer chloroform. In every case, unless with one exception, well recognized rules for chloroform anæsthesia were violated. The upright position is condemned by all writers. All forms of inhalers are falling into disfavor, as it is almost impossible to regulate the supply of air, and a fatal narcotizing of the patient results before the person giving the chloroform is aware of the fact. In the third case an indication of heart failure is a positive contra-indication to the use of chloroform, and to continue its use after this is to invite catastrophe. Fourth, it is getting to be a well settled aphorism with careful surgeons, that robust, full-blooded men are bad subjects for chloroform; they should be purged, bled freely beforehand, or a tourniquet should be placed on all the limbs. It is a well attested fact that the feeble persons of both sexes, women and

children, the wounded, who have lost much blood, and persons suffering from most of the wasting diseases, even of the heart and kidneys, are good subjects for chloroform. Pronounced alcoholism being a contra-indication to any anæsthetic. Dr. Dawson stated that a reaction in favor of chloroform was in progress, and there is abundant reason why it should be so. The rules for the successful administration of chloroform were but poorly understood at first, and fatal accidents were the result; careful observation of these cases over a period of years has furnished a set of indications complete enough, if given careful attention, to make any accident with chloroform exceedingly rare. That it is being thus successfully used by many operators who have had no accident for years, is capable of demonstration.

W. L. WADE.

126 W. Third Street.

NEW LICENTIATES.

SAN FRANCISCO, September 7, 1888.

AT the regular meeting of the Board of Examiners held September 5, 1888, the following physicians were granted certificates to practice medicine and surgery in this State:

Robert Thomas Allan, San Francisco; The University of Edinburgh, Scotland, August 1, 1885.

Wm. Cornelius Bice, San Diego; Medical Department University of Louisville, Ky., February 28, 1859.

William Bull, San Francisco; Royal College of Surgeons of Edinburgh, Scotland, January 28, 1876.

John R. Colburn, Los Angeles; St. Louis Medical College, Mo., March 8, 1878.

Charles Sanford Dickson, San Diego; Chicago Medical College, Ill., March 20, 1877.

Chas. Henry Douglas, San Diego; Bellevue Hospital Medical College, N. Y., March 1, 1876.

Oscar D. Fitzgerald, Los Angeles; St. Louis Medical College, Mo., March 10, 1872.

Henry D. Garvin, San Diego; Medical Department University of Buffalo, N. Y., February, 1847.

Nathan Hunt, San Diego; Medical Department State University of Iowa, at Iowa City, Iowa, March 6, 1872.

Walter Palmer Miller, San Francisco; Medical Department University of Vermont, Vt., June 25, 1883.

Benj. Baker Nesbit, Pomona; Medical Department University of Louisville, Ky., January 31, 1862.

Henry Howard Sherk, Pasadena; Jefferson Medical College, Penn., April 5, 1887.

Hamilton Stillson, Red Bluff; Medical Department University of Louisville, Ky., March 9, 1882.

Samuel G. Wilson, Los Angeles; Jefferson Medical College, Penn., March 12, 1873.

Henry Bernhardt Weiper, Anaheim; Rush Medical College, Ill., February 19, 1884.

The application of Edward Davison of Woodland, filed July 10, was rejected because of insufficient credentials. It was based upon a license from the Missouri Board of Health which credited him with having received a diploma from the Chicago Medical College, March 4, 1860; but letters from that College say the records do not show that Edward Davison, or J. E. Davison, under which name he says he graduated, ever attended or graduated there.

A report was received from the Secretary of the Homeopathic Board, announcing the rejection, by that Board, of the application of A. Ballou of Los Angeles, because of insufficient credentials.

Ten incomplete applications were laid over that they might be completed by the next meeting.

Unprofessional advertisements of Godfrey Beaumont of San Diego were received, and the Secretary was instructed to request him to withdraw the same, calling his attention to the requirements of the law, the Rules of this Board, and the decision of the Supreme Court of this city in the case of Lowry vs. The Board of Examiners.

The Secretary reported that, besides the twelve hundred letters sent out on the 1st of August for information to be used in compiling the fourth edition of the Medical Register, six hundred and fifty additional ones had been sent to tardy correspondents on the 1st of September, to all of which only about seven hundred and fifty answers have been received.

Communications asking for information and blanks for prosecution of illegal practitioners were received from San Diego, Los Angeles, Monterey, Sacramento, Yuba and Inyo

counties. While the law stands upon our statute books it should be enforced. The profession looks to the Board of Examiners, as the central organization, for its enforcement; but it should be remembered that the legislature made no appropriation to defray expenses of this Board, however incurred, hence effective work can be done only through the earnest coöperation of the medical profession throughout the State, with the assistance of the legal profession. We look especially to those in the latter profession, whose oath of office impel them to support the laws of the State.

R. H. PLUMMER, *Secretary.*

BOOK REVIEWS.

THE PHYSICIAN'S LEISURE LIBRARY, No. 10. The Male Urethra, its Diseases and Reflexes. By FESSENDEN N. OTIS. Geo. S. Davis, Detroit. For sale by Stoll & Thayer, 47 South Spring street, Los Angeles. Price 25 cents.

This is one of those handy little volumes that can readily be put in the pocket, thus allowing the busy practitioner to utilize the odd moments that would otherwise be wasted, and the name of the author of the monogram is sufficient guaranty that the time devoted to reading it will be well spent. The only part of the work which we could criticise at all unfavorably is that relating to the meatus. He states that the caliber is uniform of the urethra and meatus in the normal condition, and that the *fossa navicularis* is a pathological condition, the result of an obstruction to the stream of urine by a constricted meatus, *i. e.*, of smaller caliber than the urethra. In support of this theory he states that in the fetal penis and in *three to five* per cent of adult penises no narrowing of the meatus and no *fossa navicularis* is found. The inference from this is that Dame Nature has left ninety-five or more out of every hundred adult men with improperly constricted urethræ and that something should be done to relieve their unfortunate condition. This the author proceeds to do, by slitting up the offending meatus till it attains the dimensions which he has laid down as the proper size to accompany a penis of the circumference of the one in hand.

As the result of this little operation to improve the pattern which nature has provided, remarkable cures are related:

Melancholia, epilepsy, spinal irritation and even paralysis have yielded to it as to magic. But sometimes the meatus is refractory and refuses to adopt the author's pattern as is related in the case of a four-year old, who was cut and re-cut *ten* times between November and the following May before his meatus would remain properly patulous. Then came the reward for persistence in this line of treatment, for as soon as the proper caliber of the meatus was attained the insomnia, indigestion, flatulence, priapism, enuresis and paralysis of the right leg, with which the little fellow had been afflicted, promptly disappeared. Such brilliant success in treatment can hardly be expected by the general practitioner, as it seems to be reserved for the specialist.

H. G. B.

ATLAS OF VENEREAL AND SKIN DISEASES. Edited by PRINCE A. MORROW, A. M., M. D., Clinical Professor of Venereal Diseases; Formerly Clinical Lecturer on Dermatology in the University of the City of New York; Surgeon to Charity Hospital, etc. New York: William Wood & Co. 1888. Fasciculi III, IV, V, VI and VIII.

We stated the scope and plan of this work in the April issue of the SOUTHERN CALIFORNIA PRACTITIONER, page 157, and we are glad that our then favorable opinion has been fully justified by these additional installments.

The first portion of Fasciculus III is devoted to the differential diagnosis of Chancre and Chaneroid. After giving the salient points of each the author truly and tersely says: "While it is easy to determine the syphilitic nature of a lesion which develops only after the classic period of incubation, and takes on a characteristic induration, *yet we cannot say with absolute certainty that a soft sore, developing without incubation, will remain such and not be followed by constitutional syphilis.*" There is exactly the rub, and, judging from the number of patients suffering from secondary and tertiary syphilis who have come to us after having their chancroids cured, we believe *it would have been better for mankind if chancroids had always been considered chancres.*

TREATMENT OF CHANCROIDS.—"The practice of excision of chancres has been condemned by the results." "The alleged advantages of destructive cauterization of the primary sore are purely illusory." A large portion of the text is about the eruptions of syphilis. The plates are five in number and rep-

resent chancre of fore-finger, with syphilide of palm chancre of female nipple with syphilitic roseola; erythematous syphilide; miliary syphilide; papular syphilide, with precocious ulcerative lesions; papulo-pustular syphilide. Fasciculus IV contains interesting text, by Dr. Morrow, about Syphilides, and five superb plates, viz., XVI, large papular syphilide, papulo-squamous syphilide; XVII, scaly syphilide of trunk and right arm; XVIII, papular and squamous syphilide of palms and lobes; XIX, gyrate syphilide, psoriasis, condylomata lata and condylomata acuminata of genital region; XX, mucus patches of vulva and anal region. Fasciculus V contains text on Syphilides and five plates: XXI, annular syphilide; XXII, chancre of lip, with generalized pustular syphilide; XXIII, large pustular syphilide; XXIV, syphilis cutanea ulcerosa; XXV, rupial syphilide—different stages of pustulo-crutaceous syphilide.

This atlas will be complete in fifteen parts. It will throw light on many obscure cases and prove a boon to every practitioner who may possess it.

BUTLER'S PHYSICAL GEOGRAPHY. By JACQUES W. REDWAY.
E. H. Butler & Co., Publishers, Philadelphia. 1888.

BUTLER'S COMPLETE GEOGRAPHY. By JACQUES W. REDWAY.
E. H. Butler & Co., Publishers, Philadelphia. 1888.

Many of the physicians of Southern California remember Professor Redway, formerly of the State Normal School, but probably few are aware of the success he has attained as a writer of geographical and scientific works. He has been a world-wide traveler, having seen every feature of the earth's surface from Alaska to Palestine, and thus has peculiar qualifications for writing on geographical subjects.

This Physical Geography is the latest and most satisfactory book on this subject. There are many interesting pages of information in it. The chapters on mountains, volcanoes and earthquakes are full of interesting information. We were particularly interested in the chapter on "Oceanic Motions." Prof. Redway says: The so-called "tidal-waves" owe their origin to the disturbance of the ocean-bed by earthquakes and should be called earthquake waves. Physicians living on the Pacific Coast, who desire information about tides, waves and currents will find an interesting treatise here. There are

also chapters on Geographical Botany, Zoölogy, and Electrical Phenomena that are profitable reading. Speaking of cyclones, Prof. Redway says: Within the Northern Hemisphere the whirl of the cyclone is in a direction contrary to the motions of the hands of a clock. Within the Southern Hemisphere the storm whirls in the same direction as the clock-hands move. By a knowledge of the laws which govern the motion and direction of cyclones, the master of a vessel is able not only to avoid a cyclone but also to steer his way out of the storm if he should be overtaken by one. Facing the wind, the center of the storm is on the right hand in the Northern Hemisphere, and on the left hand in the Southern Hemisphere.

MAGNETIC STORMS have nothing in common with ordinary storms, and may occur on calm and cloudless days, with no indications except the violent motions of the compass needle. In 1882 a violent magnetic storm was registered simultaneously at the observatories of Kew in England and Los Angeles in California.

ISOTHERMAL CURVES: The departure of the isotherms from the parallels of latitude vary in different parts of the country. On the west such is the effect of the Rocky Mountain system, combined with the wind from the Pacific Ocean, that the isothermal curves range approximately with the meridians instead of the parallels. Thus, for instance, the isothermal of 45° passes near Dover in New Hampshire, and, sweeping westward, rises into the British Territory north of Montana; then, turning southward, it extends as far as New Mexico, where, bending again, it runs northwest to a higher latitude than before. The mean winter temperature of Sitka is only one degree lower than that of Philadelphia, though the latter city is more than seventeen degrees south of the former. A more striking illustration is the comparison of the summer temperature of Los Angeles, California, with that of St. Paul, Minnesota. *The latter place, though nearly seven degrees higher in latitude, has a mean summer temperature warmer by six degrees.*

The book is full of interesting data that every physician desires to know.

The other work is in every way desirable as a school-book. Both are beautifully illustrated and typographically perfect, and reflect credit on the publishers as well as on the talented author.

THERAPEUTICS: ITS PRINCIPLES AND PRACTICE. By H. C. Wood, M. D., LL. D. Philadelphia: J. B. Lippincott Company.

The above work on Therapeutics was first published in 1875 and has in this present volume reached its seventh edition. Much of it has been re-written, and the arrangement and classification have been changed to such an extent that it is practically a new work. The book as now arranged consists of two parts. The first part is devoted to remedies which are not drugs, and treats of the general management of the sick

in regard to clothing, diet, and the alcohol and tobacco habits. He condemns the last mentioned articles as the cause of many diseased conditions of grave import, and which can only be remedied by abstaining from the cause. This is in pleasing contrast with the practice of most of the leading English and, perhaps, most Continental physicians who prescribe liquors in almost all cases, and who by precept and example extol the good effect of alcoholics.

In the first part he disposes of Massage, Feeding the sick, Metallo-Therapy, Treatment of systemic states, Caloric, and Electricity. In treating of Metallo-Therapy, the effect of the application of metals and magnets to anæsthetic and hyperæsthetic regions, in certain hysteric states, is very graphically described. The manner in which the temperature is raised, or reduced, and the normal condition of the nerves is restored is most surprising, but at the very climax the author gravely informs us that pieces of *wood* or a *handkerchief* will do quite as well. If good old Doctor Watson should revisit the earth this would sound very familiar to his ears, as though a pair of "Perkins' metallic tractors" had been raised from a hundred years' sleep and were on duty again.

The chapter on the application of heat and cold is a very full discussion of the subject. After giving a mass of testimony from German and French sources with statistics showing a very low death rate, in the treatment of typhoid and other fevers largely by cold baths, the author sums up the whole matter by saying that "The treatment of typhus and typhoid fevers by cold is of the utmost value, and I believe that the cold bath is *much safer and more efficient than are antipyretic drugs*."

In part second which is devoted to drugs, a new classification is introduced, which in many parts is ingenious, and an improvement on the older attempts in the same line. In other parts it makes some strange bed-fellows of drugs, who must feel very oddly in each others company. For instance, among local remedies appear these: Gentian, Caffeine, Dover's Powder, Lobelia, Turkish Baths and Alcohol. It may be said in the author's favor that he has undertaken a task in itself impossible, and that he has shown much cleverness and exhaustive research in his treatment of the subject. The only condition which could make a classification possible, would be

that all drugs shall cause a single, unvarying effect in all persons, under all circumstances. Most attempts at grouping into classes, have only added to the difficulty of the subject.

In speaking of chloroform, the author condemns its use as wholly unjustifiable. He charges it with killing alike the strong and the weak, the sick and the well. Although it has been used in obstetric practice without fatal result, yet it would be better to use ether. Dr. Wood gives expression to the almost unanimous opinion of the profession in Philadelphia, as among the large number I met during a recent visit, including such names as Drs. Wm. Goodell, Howard A. Kelly, D. H. Agnew, R. P. Harris and others, not one advocated chloroform.

In the articles on alcohol and mercury, no allusion is made to their use in diphtheria, now so extensive, and, if we accept the testimony of many able writers in the medical literature of the day, so satisfactory. Tartar Emetic and Veratrum Viride once so much lauded, and the sheet anchor in continued fevers of so many practitioners, are given a very subordinate place.

In his remarks on antiseptics, and disinfectants, Dr. Wood takes care to maintain a conservative attitude. He does not find in corrosive sublimate a panacea for all ills surgical and otherwise. The simple statement is made that the bichloride is an efficient antiseptic and disinfectant, and a caution is given in regard to using it often, in contact with absorbing surfaces. Some deaths are mentioned as caused by sublimate solutions, one to fifteen hundred; and poisoning caused by a solution of one to ten thousand. One to two thousand he gives as a maximum strength for a single application. These views which seem very conservative now, when the profession are making such free use of sublimate solution in all branches of surgery, gynecology and obstetrics, will doubtless be counted very sound views a few years hence, when the reaction which is now fairly begun becomes the belief of the majority.

The preface to the work is worthy of being framed and hung in front of every physician's desk. It is the retrospective of a lifetime spent in systematic study, and indexes the highest order of scholarly attainment.

Antipyrin will relieve more cases of sick-headache than any other single remedy (Prof. Brainerd).

EXCESSIVE VENERY, MASTURBATION, AND CONTINENCE.

The Etiology, Pathology, and Treatment of the Diseases resulting from Venereal Excesses, Masturbation, and Continence. By Jos. W. Howe, M. D., author of "Emergencies," "The Breath," "Winter Homes for Invalids"; Late Professor of Clinical Surgery in Bellevue Hospital Medical College, etc., etc. New York: E. B. Treat, 771 Broadway. 1888. Price \$2.75.

The only striking feature about Dr. Howe's book is the title which stares at us on its back, and which we presume is meant to attract the attention of the prurient. After a careful examination we can find nothing to commend except the quotations, especially those from Acton, which are very numerous and lengthy. The formula by which such a book is compounded, is extremely simple: First, long quotations from standard writers, credited to their proper sources (borrowed); Second, the same, with the language slightly changed, so as to present the appearance of originality (stolen); and third, a thin veneering of "personal experience," which as a general rule is so distorted by the time it reaches the reader as to be worthless.

The work is not worthy of a place among the many excellent treatises included in "medical classics."

A FLORIDA town is suffering from an epidemic of yellow fever, and several of the Southern States are suffering from an epidemic of panic, which threatens to be more fatal in its effects than the fever. Strange stories come to us of towns "bottling" themselves up, and of railroad passengers quarantining each car of a train. In the meantime mayors of Northern cities are sending money to the sufferers. It is respectfully suggested that our brethren, instead of employing so many men in the useless shot-gun quarantine, clean up their streets and flush their sewers, and attend to their business generally. In fact, what is wanted in the premises is the exercise of that kind of sense which is called common, because it is so uncommon.

The vaginal lochia always contains many germs, and if introduced into the bodies of animals, produces abscesses. The uterine lochia in the normal puerperium is free from germs, and will not produce abscesses when injected into animals. The appearance of germs in the uterine lochia is followed by fever, and lochia thus infected produces septic symptoms in animals (Doederlein).

WE are glad to call the attention of the readers of the PRACTITIONER to the advertisement on another page of Mr. Stephenson. He makes trusses, appliances for the different forms of talipes, and many other things that surgeons often need. He is located at 237 South Spring street, Los Angeles. Gradually Southern California is getting all the facilities medical men need. Let all assist in encouraging those things that are in our midst. We have a medical book store, a surgical instrument store, a medical journal, a medical college, and now is added this artificial limb and truss factory.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION.

Los Angeles, California.

Month of July, 1888.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitation in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN		
..... 1	67.0	89.0	55.0	*T	Mean Barometer 29.937
..... 2	69.5	86.5	61.0	.00	Highest Barometer, 30.09, date 12.
..... 3	70.0	87.5	62.3	.00	Lowest Barometer, 29.83, date 1st
..... 4	68.5	88.5	61.5	.00	and 14th.
..... 5	70.0	87.0	63.5	.00	Monthly Range of Barometer, .26.
..... 6	68.5	85.5	63.0	.00	Mean Temperature 67.9.
..... 7	68.0	84.3	62.0	.00	Highest Temperature 85.0, date 15th
..... 8	68.0	85.3	59.0	.00	and 21st
..... 9	65.0	85.5	52.8	*T	Lowest temperature, 49.0, date 12
..... 10	68.5	79.0	58.5	*T	Monthly Range of Temp. 46.0.
..... 11	68.0	83.0	61.0	.03	Greatest Daily Range of Temp. 40.0
..... 12	63.0	86.0	49.0	*T	Least Daily Range of Temp. 20.5.
..... 13	63.5	91.0	51.0	*T	Mean Daily Range of Temp. 23.2.
..... 14	68.5	93.8	56.0	*T	Mean Temperature this Month
..... 15	70.0	95.0	60.0	*T	1878..67.7 1882..63.5 1886..69.7
..... 16	70.5	91.0	60.0	*T	1879..66.8 1883..69.8 1887..69.5
..... 17	69.5	86.0	62.0	*T	1880..64.2 1884..70.2 1888..67.9
..... 18	68.0	85.0	62.0	*T	1881..68.8 1885..70.0
..... 19	68.0	89.3	59.0	T	Mean Daily Dew Point, 59.1.
..... 20	74.0	87.5	65.0	.00	Mean Daily Relative Humidity,
..... 21	71.0	95.0	62.0	.00	75.6.
..... 22	68.5	93.0	60.0	*T	Prevailing Direction of Wind W.
..... 23	68.0	90.0	61.0	*T	Total Movement of Wind, 4136
..... 24	68.5	86.0	62.0	*T	miles.
..... 25	66.5	86.3	60.0	*T	Highest Velocity of Wind and
..... 26	67.0	85.3	56.5	*T	Direction, 21 miles, W.
..... 27	64.5	87.0	54.0	T	Total Precipitation .04.
..... 28	67.5	86.0	60.0	*T	Number Days .01 inches or more
..... 29	66.0	87.0	56.0	.01	Rain Fell, 1
..... 30	67.5	84.0	60.0	*T	Total Precipitation (in inches
..... 31	67.5	83.0	62.0	.00	and hundredths) this month

*Precipitation from Fog or Dew.

The T indicates trace of precipitation.

Number of Foggy Days, none.

" " Clear " 17

" " Fair " 13

" " Cloudy " 0

Dates of Auroras, none.

Dates of Solar Halos, 29.

Dates of Lunar Halos, none.

Dates of Frost Light, none.

Killing, none.

Dates of Thunderstorms, none.

Month of August, 1888.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & Hundreths	SUMMARY.
		MEAN	MAX.	MIN.		
1	65.0	86.0	54.5	*T	Mean Barometer, 29.896
2	64.0	87.5	51.3	*T	Highest Barometer 30.03 date 18.
3	67.0	92.0	53.0	*T	Lowest Barometer, 29.77, date 14.
4	67.0	94.0	55.0	*T	Monthly Range of Barometer, .26
5	64.5	93.8	57.8	*T	Mean Temperature, 67.6.
6	68.5	91.0	59.0	*T	Highest Temp'ture, 97.0, date 13.
7	70.5	87.0	61.2	*T	Lowest Temperature, 51.3, date 2.
8	68.0	87.0	61.0	.00	Monthly Range of Temperature, 45.7
9	68.5	83.5	61.0	.00	Greatest Daily Range of Temper- ature, 39.0, 3d and 4th.
10	69.5	90.0	58.2	*T	Least Daily Range of Tempera- ture, 14.8, 16th.
11	68.0	90.2	56.7	*T	Mean Daily Range of Temp. 27.6.
12	71.5	94.0	61.0	*T	Mean Temperature this Month
13	72.5	97.0	61.0	*T	1878..68.7 1882..71.0 1886..71.8
14	70.5	90.8	60.0	.00	1879..69.5 1883..69.8 1887..68.5
15	69.0	83.5	66.0	.00	1880..66.4 1884..71.3 1888..67.6
16	69.0	79.8	65.0	.00	1881..69.4 1885..72.7
17	69.0	82.0	62.0	.00	Mean Daily Dew Point, 60.5.
18	64.0	83.0	54.0	*T	Mean Daily Relative Humidity, 79.4
19	65.0	88.5	55.0	*T	Prevailing Direction of Wind, W.
20	65.5	84.9	58.0	*T	Total Movement of Wind, 3851 miles.
21	67.0	83.0	61.3	.00	Highest Velocity of Wind and Direction, 18 miles, w.
22	64.0	84.0	55.5	*T	Total Precipitation, .10.
23	65.0	83.0	57.8	*T	Number Days .01 inches or more Rain fell, 1.
24	67.5	84.5	61.0	*T	Total Precipitation (in inches and hundredths) this Month
25	66.5	84.5	61.5	*.01	1878.. .00 1881.. .00 1886.. .21
26	68.5	82.8	60.0	*.01	1879.. .00 1883.. .00 1887.. T
27	68.5	85.0	62.0	*T	1880.. .00 1884.. .02 1888.. .10
28	66.0	85.0	62.0	.00	1881.. .00 1885.. T
29	67.0	82.3	61.5	.08	Number of Foggy Days, none.
30	66.0	83.3	61.0	.00	" " Clear " 23
31	69.5	87.0	60.0	*T	" " Fair " 8
						" " Cloudy " 0
						Dates of Auroras, none.
						Dates of Solar Halos, none.
						Dates of Lunar Halos, none.
						Dates of Frost, light, none.
						Dates of Thunderstorms, 29th.

*Precipitation from Fog or Dew.
The T indicates trace of precipitation.

NOTES: Barometer reduced to sea level.

THE health authorities of Berlin express the greatest satisfaction with the sewerage of the town, and the irrigation system adopted about fifteen years ago. The Berlin sewage farms are now beginning to yield a better revenue, giving a profit of two per cent on the outlay, which is a very favorable result, considering the very extensive cost incurred in the preparation of the land.

Prof. Welch says: Germany to-day occupies the leading position in medical education and medical science.

There is now residing in Paris a *monencephalic thoradelphus*; also Boulanger.

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ORIGINAL.

INTUBATION OF THE LARYNX TO RELIEVE STENOSIS IN MEMBRANOUS CROUP AND DIPHTHERIA.*

BY W. W. HITCHCOCK, M. D., LOS ANGELES.

History.—After lying dormant for nearly thirty years, tubage of the larynx again asserts itself as one of the surgical procedures in stenosis of the larynx, and Bouchut's idea of intubing in the year 1858 will yet redound to his honor, notwithstanding the great tracheotomist Troussom, who was appointed from the Academy of Medicine of Paris to investigate its merits, reported unfavorably. Bouchut being enthusiastic over his new operation went so far as to condemn tracheotomy, and was so bitterly criticised and sat upon that he became discouraged and abandoned it through fear of losing what reputation he already had.

The bitterness of the controversy may be in a measure inferred from the following extract that appeared in the *Paris Medical Journal* of January 15, 1887, which is still edited by Bouchut, entitled "Resurrection of Tubage of the Larynx." In this he says:

"Intubation of the larynx, which the enemies of the author believed dead, stirs itself beneath the shroud of academic eloquence in which it was involved. The clever heads of the times thought that their judgment was without appeal, and that once buried that method was to be lost in forgetfulness and oblivion. But it appears that it has come to life again and its merits have been discovered in America so far as to give it admission to the customary practice of surgeons. This is not done to satisfy our professors, but it has that effect, and no one has protested. Tubage among us had been buried alive, and after thirty years I am witness of its *resurrection*. It comes to us ready to meet the attacks of its ancient enemies, of whom the more bitter have happily left this world and are buried in merited forgetfulness. 'Dead dogs don't bite.' At this time tubage is the order of the day and it is practiced, in

*Read before the Los Angeles County Medical Society, October 5, 1888.

croup, by the physicians of the large cities of America, to whom it gives results which permit it to compete with tracheotomy. It has even crossed the Atlantic, and behold the French journals are happy to speak of it, to the profit of their readers."

Revival and Improvements made in America.—But it remained for the genius of America to take it from its swaddling embryonic state and develop it into a healthy, full-grown procedure.

Not aware of the efforts and accompanying failure of Bouchut, his French neighbor, Dr. O. Dyer of New York, in the year 1880, commenced his experiments in the hospitals. Necessarily under such discouraging circumstances his results were anything but flattering. But his patient, untiring zeal, backed by his ingenuity and ability to meet the requirements of the emergencies as they would arise, secured eventually a degree of success which gave him renewed courage. His persistence amid despair challenges the admiration of those who, in the trying moments of impending suffocation, know what it is to be able to open the channels of entrance of oxygen into an asphyxiated patient's lungs.

His first tubes were bivalves covered with rubber, which he soon improved by making the head of metal, and instead of being cylindrical were made elliptical, thus preventing undue pressure on the vocal cords and obviating the difficulty arising from the membrane lodging between the blades of the bivalve tube.

The instruments which were the outgrowth of Dr. O. Dyer's experiments consist of five tubes of various sizes, suitable for different ages, an obturator for each tube which screws upon holder or introducer, a gag for holding the mouth open, and the extractor for removing the tube. Dr. Waxham of Chicago has since made some valuable improvements in the shape of the tubes. He has enlarged the head, thus preventing the tubes slipping entirely into the trachea; also adding an artificial epiglottis which, during the act of swallowing, closes, preventing the entrance of fluid nourishment in the trachea.

The Merits of Intubing and Instruments Used.—Having thus briefly considered the history of this mechanical measure used in the stenosis of the larynx, we will now proceed to consider the merits and demerits in regard to the practical application at the bedside.

It is not intended in this paper to enter in a discussion of the morbid anatomy or pathological conditions which give rise to the necessity of the mechanical measures adopted to admit oxygen into the lungs, but merely consider the relative advantages of the two important measures; viz., tracheotomy and intubation, adopted by the profession when imminent danger exists from suffocation due to acute disease affecting the larynx.

In order to attain a certain familiarity with the instruments, the frequent introduction of the tube into the closed hand attached to the introducer, also removing the same with the extractor in like manner—this no doubt would serve the purpose of establishing a correct handling of the instruments, but I am inclined to think that for that all-important quality of confidence in himself the surgeon can best attain by actual intubing.

Preparation of Patient.—My method of preparing the patient is to select as competent assistant from among the number who are usually to be found at the house on such occasions, and have the child held on the lap with a shawl thrown over the shoulders and back, crossing in front, inclosing the arms and hands, entirely resembling the method adopted in the operation for hair-lip.

Anæsthetics are not used in this operation, excepting perhaps the local anæsthetic cocaine, which I have found to act admirably in those who have extreme irritability and continue retching and gagging after the tube has been introduced.

The application of cocaine in this manner I have found most beneficial when the tube is frequently expelled, if there is no other cause than reflex, and the tube is well adapted to the size of the cavity of the larynx. After selecting a tube which corresponds to the age of the child, which is ascertained by the scale accompanying Dr. O. Dyer's case of instruments, the assistant gently inclines the head of the child a little backward, the gag is introduced between the teeth, and the tube introduced. The tube should be threaded with braided silk ligature to prevent it from slipping into the esophagus, an accident which is not uncommon in the hands of the inexperienced. In my first attempts I have frequently observed that the tube is easily pushed off in the esophagus. In order to avoid this accident the index finger of the left

hand should be well introduced into the mouth, the epiglottis elevated and the tube introduced into the larynx, giving the introducer an upward movement, at the same time pushing it off of the obturator with the thumb of the right hand.

At this time the child will strangle and choke violently, frequently expelling membrane and mucus in large quantities. If the tube is found to be well in the larynx and the stenosis is relieved, which may be easily ascertained by placing the finger over the mouth of the tube, thus preventing air from passing in or out, the thread should be immediately cut and pulled out. Removing the thread will frequently be removing the source of much titillation and coughing of the patient.

In extracting the tube the patient is placed in the same position as when introduced—the gag held by the assistant and the index finger introduced until it touches the tube. Now, with the extractor handled loosely the point is gently guided into opening of the tube; now pressing the lever of the extractor the blades are separated, tightening in the tube securely while it is removed. Anaesthesia is sometimes resorted to in removal of the tube when it has remained long in the larynx and gentle and repeated careful attempts have failed. In the thirteen cases I have recorded I have not found it necessary. To prevent the patient injuring the finger which is introduced in the mouth, a rubber cot with the end cut off is used in case the gag should slip. Disinfectants should always be used in performing this operation.

The importance of this operation is readily observed when it is remembered that with children, in the great majority of cases, death will occur from laryngeal obstruction before the bronchial tubes become invaded or diphtheritic toxemia occurs.

The tube introduced, the patient usually experiences entire relief, and generally falls into a refreshing sleep. The change in the appearance of the patient is not only immediate but remarkable. Before, all the horrible symptoms of strangulation were to be seen—the child bathed in perspiration, laboring for breath—the loud stridor of obstruction is heard all over the house—the eyes seem starting from their sockets, the lips blue, the features livid, and the patient restless and tossing about the bed or the arms of the mother, vainly endeavoring to find relief, begging piteously for help, and clutching at its throat as if to tear it open for air.

These symptoms abate after the tube is introduced as if by magic power. The loud stridor is replaced by the noiseless respiration, and death from strangulation is held at bay. Everything seems encouraging, the child lies pale and quiet, the friends are elated, and often we are led to foster false hopes. If the case progresses favorably and there is no extension of the false membranes, or if diphtheria is a predominating factor and there is no evidence of diphtheritic toxemia, the respiration continues good and there is gradual restoration to health.

If, however, within the course of twelve to thirty-six hours the respiration is rapid, increasing to forty or fifty per minute, accompanied by sinking of the sternum during each inspiratory effort, there is either gradual extension of the membranous deposit into the smaller bronchi or the development of pneumonia. If it is the latter the rapid respiration is attended by high temperature coming on suddenly, dullness on percussion, bronchial respiration, crepitant rales which are confined to one side of the chest. In extension of the deposit downward, the rapid respiration is attended by dry and moist rales, absence of dullness on percussion and bronchial respiration.

These symptoms are the harbingers of rapid and certain dissolution. I do not call to mind a single case of recovery from membranous croup which recovered when they were present.

As before intimated it will not be in the province of this paper to discuss at any length the treatment of membranous croup or diphtheria, only as it relates to intubing, after which we will conclude with a few remarks showing the comparative value of intubing and tracheotomy in stenosis of the larynx.

Treatment.—There is no line of treatment that is a sure prevention of extension of false membrane into the bronchial tubes that I am aware of. The bichloride of mercury, one twenty-fourth or thirtieth of a grain, given, well diluted, every hour and a half, unless vomiting or diarrhea occurs, is used by many.

I can say that I have used it with signal failure. However I do believe that where diphtheria is a predominant feature in the disease, and the patches of deposit cover the pharynx and fauces, it is indicated if for no other purpose than a disin-

fectant. For this purpose it is best applied by the use of a hand atomizer, in proportion of two grains of the bichloride to eight ounces of dilute alcohol.

All irritating mixtures, such as tincture of iron, whisky or brandy in a concentrated form, should be avoided, especially if they fall in the tube and produce strangling and coughing. If the laryngeal complications are mild and the child rebels against the use of the atomizer, it should be omitted. Quinine may be given in capsules to older children, while to younger it may be given per rectum. If there is elevation of temperature, antipyrin or antifebrin should be administered, either by the mouth or per rectal enema, as the judgment of the physician dictates or the condition of the patient admits. Where prostration manifests itself, brandy and milk should be given frequently per rectum and in sufficient quantity to sustain the patient. In cases complicated with pneumonia or bronchitis it is my custom to apply warm flax-seed poultices in the form of a jacket entirely enveloping the chest, covering the same with oiled silk to retain the heat.

Respiratory and cardiac stimulants are frequently called for in their different forms to meet certain contingencies that may arise.

One case in particular, which came under my observation when the patient was moribund, relaxed and suffocating, nitrate of amyl was given with the gratifying effect of reviving the action of the heart. Carbonate of ammonia was also given by enema in this case which rallied after the tube had been introduced.

Nourishment.—As regards nourishment, bread and crackers soaked in milk, or soft eggs, rice, tapioca, etc., may be used. But the main reliance should be placed in the early use of whisky or brandy and milk, as it is easier and better to prevent prostration, if possible, than to wait until it is present. I believe in giving these remedies as early as the disease is possible of recognition and as frequently and in as large doses as is well borne by the patient. To allay thirst, ice cream or shaved ice may be allowed. It is said that where the tube with the metallic epiglottis is used, liquids may be given in abundance without entering the tube. I have had no experience with this tube, but in regard to this I have found in those who are bothered with liquids falling into the tube that

it is usually due to the tube slipping out of the larynx so that the epiglottis does not completely cover the opening. I have repeatedly demonstrated this by introducing my finger and pushing it down, after which the patient could take all kinds of liquids with freedom from cough.

Management.—The management of these cases is quite as important as the treatment. Secure at the onset of the disease, if possible, a large well ventilated room where the patient will not be subjected to drafts, and at all times require the patient to remain in bed.

The length of time the tube should be left in, must depend on the circumstances. I have some, I think, which are in yet. But as regards favorable cases where it is not necessary to remove for cleansing from shreds of membrane, it has been my custom to allow the tube to remain from two to four days; however, in a boy aged nine years which was diphtheritic, the tube was in the larynx for eighteen days, during a lapse of four weeks, having been removed many times to be cleansed, and to determine if it was necessary to remain.

It sometimes occurs that the tube is not to be found when the physician returns to see his patient. It is either in the trachea or stomach. I have sometimes found it in the bed. This occurrence is easily recognized by a return of the voice or cry, as there can be no voice when the tube is in. It has occurred in my experience that the tube could be found in the discharges from the bowels in a few of my first cases. In regard to this point I know of no harm resulting either to the patient or the tube.

When the physician leaves the patient after introducing the tube, it is well to instruct the nurse to raise the patient or turn him on his side during a fit of coughing, to prevent the tube from being swallowed. If the coughing continues and suffocation is imminent, invert the patient, giving him at the same time a few quick thumps on the back, which usually results in the expulsion of the tube and membrane which occluded it.

Limewater constantly thrown in the form of a spray by the use of the steam atomizer is beneficial as a solvent.

Comparative Results.—When we compare the results attained by this new operation with that of tracheotomy, it is remarkable to note that it bids fair to outdo its rival.

At a recent meeting of the International Medical Congress Dr. Max J. Stern of Philadelphia made a report of a large number of published cases, showing a recovery of 26.40 per cent. This is the most recent compilation of published statistics, including the largest number and showing the most favorable results of any which I have been able to find.

In Meigs and Pepper's Treatise of Diseases of Children we find the following: Jacobi states that out of 1,024 operations of tracheotomy performed in various parts of the world 220 or 21.48 per cent recovered.

Dr. Waxham of Chicago has collected 1,072 cases of intubation from various parts of the United States with 287 recoveries or 26.77 per cent. These reports were gathered almost entirely, Dr. Waxham states, by private inquiry and by letter. Many of them which were included were too unfavorable to appear in a published report. Dr. Stern's were from published reports which usually present things in the most favorable manner.

Advantages of Tubage.—Investigation into the merits of intubation as compared with tracheotomy for stenosis of the larynx clearly shows evidence in favor of the former, and one of the most important is that consent to the operation may be easily obtained.

There is no injury to the soft tissues and little or no pain.

There is no open wound which lessens danger to septicemia, erysipelas, or pleuro-pneumonia.

There is no wound to close by slow granulation.

No anæsthetic is necessary.

The irritation from the tube is much less than from the tracheotomy tube, and the air enters the lungs through the natural passages, warm and moist, rendering the mucus and membranes less likely to dry in the tube. The skillful operator can perform the operation quickly without loss of blood; and most important of all, in favorable cases recovery is rapid.

Two and one-half to five grains in pill form, of salol every four or six hours, is worth trying in the diarrhea of adults: smaller doses for children.

COUSIN-MARRIAGES UNOBJECTIONABLE.*

BY E. S. MCKEE, M. D., CINCINNATI, OHIO.

WE find permeating all classes, all nations and all ages the belief that consanguineous marriages have a deleterious effect upon their offspring. I was led to study this subject a few years ago and my study brought me to the conclusion that there was nothing whatever in the belief. I came to the conclusion that like breeds like, good or bad, entirely independent of consanguinity. If healthy cousins marry, other things being equal, they will bear healthy children. If unhealthy cousins marry, other things being equal, they will bear unhealthy children. This same thing would result, whether the marriages were those of consanguinity or not. Evil results have undoubtedly followed consanguinity in marriage, but it is not proven that they were dependent on consanguinity. The *propter hoc* is not the *post hoc*. Counting consanguinity by two different methods has led to confusion. The civil law counts the number of generations from one individual to the common ancestor, then down to the other. The canonical law counts the degrees in only one line, the longer, from the common ancestor. The canon law is imperfect. It gives persons the same relation to a certain person when such is not the case.

Prohibiting marriage in the third degree by the canon law prohibits many more than by the civil law. The Levitical law is followed generally in the various States of this nation, but New Hampshire, Ohio and Indiana forbid the marriage of first cousins. Most States forbid a man to marry his aunt or niece, but this is allowed in New York. George H. Darwin has studied the first-cousin marriages in England thoroughly. He finds in London, comprising all classes, the cousin-marriages are about 1.5 per cent, in urban districts 2 per cent, in rural districts 2.25 per cent, among the landed gentry 3.5 per cent, aristocracy 4.5 per cent—an average of 3 per cent for England. The average for Scotland is 5.25 per cent. This high per centage in Scotland and other communities leads us to the conclusion that consanguineous marriages are due to a certain extent to portions of country separated from other parts by mountains, seas or other barriers to free intercourse. Religious sects and aristocratic ideas also lead to this result.

* From remarks at Eleventh Annual Session Mississippi Valley Medical Society Association.

A careful search through the asylums for the insane, idiots and deaf and dumb leads to the finding that between 3 and 4 per cent of those suffering from these troubles are the descendants of consanguineous unions. Hence we learn from statistics that about the same proportion of persons in these institutions are the descendants of consanguineous marriages as to the whole number of these unfortunates, as the number of consanguineous marriages is to the whole number of marriages. They show fertility among the consanguineous to be slightly greater than among the non-consanguineous. Sterility has been cited as one of the results of consanguinity. The claim is not borne out by statistics, as we have just seen. In fact the converse proves to be true. This fact is probably due to the reason that these marriages are most likely to occur where there are large families of cousins growing up together, and in these cases fertility is hereditary.

May not many marriages occur between relatives supposed to be non-relatives? The marriage of Jones and Jones, Brown and Brown, Smith and Smith is probably the marriage of distant relatives, though they are not themselves aware of the fact. Then, too, through illicit intercourse, could not like marriages result between relatives supposed to be not related? One writer has justly said all men are the sons of their mothers, but all *men are not sons of their fathers*. The evil results following consanguinity are probably *post hoc*, not *propter hoc*.

Dr. Withington reports 108 consanguineous marriages to the Massachusetts Medical Society. All were fertile save five. In one of these there was a mechanical impediment on the part of the wife, in another the marriage had lasted only two years. Three of these were physicians, and one a member of the Boston Tea Party, certainly very respectable members of society.

The frequency of mental disease among earls and the aristocracy is cast at the feet of consanguinity. It is probable that these occurrences are more noticed among these people than among others; and then, too, why not lay it at the door of debauchery, extravagance and corruption? The noted cases are the unfortunate ones. It is bad news that travels fast and far. The favorable ones are unknown or forgotten.

Atavism explains the fact that sometimes healthy consanguineous parents beget unhealthy children. This occurs in

most hereditary troubles. Evil results remaining absent after consanguineous marriages proves that, for that case at least, consanguinity was harmless, for it was known to be present. If consanguinity is the cause, the effect should follow where the cause is present.

✧ Consanguineous marriages which bring together persons having a disease or morbid tendency in common are dangerous to the offspring. Not one whit more than the marriage of two other persons, not related, yet having an equal amount of tendency to disease in common. Conditions present in both parents are simply augmented and the result would have been the same had they not been related. ✧ Having a malformation or disease firmly established, we have a tendency to breed true. A defect or peculiarity in a family or race or sect will naturally be propagated by intermarriage. Color-blindness is remarkably prevalent among the Jews and Quakers. The latter are educated to abhor color. Those who admire it separate themselves from the sect and thus intensify the tendency in the remainder. The defect having crept among the Jews, is intensified and kept up by intermarriage. The same means has its effect on the Quakers.

Man is an animal, anatomically, physiologically and sexually. He is subject to the same laws of propagation. In-and-in breeding in animals is done by cunning breeders, to put money in their pockets and improve their stock. Jersey cattle have been bred for the last 150 years on a small island six by eleven miles. They are not raised for beef or oxen, but they command a high price for their milk and butter. This was probably the recommendation of the first cattle on the island, and this quality has improved by in-and-in breeding.

+ ✧ It is ludicrous to enumerate the half a hundred abnormalities accredited to consanguinity, among the rest whooping-cough. Would it be better for the offspring were consanguineous marriages subject to medical supervision? Certainly, but no better than for all marriages to be under like supervision.

We find certain factors leading to consanguineous marriages; viz., portions of country geographically isolated by mountains or seas, rendering communication with the outside world difficult; religious or political sects of an exclusive nature, and aristocratic ideas of position and wealth. As examples, note the percentage in Scotland, Martha's Vineyard, the Commune of Batz, and among the Jews and Quakers.

The facts deduced by a careful study of the subject, do not warrant us in supposing that there is a specific degenerative effect caused *ipso facto* by consanguinity, and these marriages, no other objection being present, should not be opposed on physiological grounds.

THE PHYSICIAN EVER A STUDENT.*

BY WALTER LINDLEY, M. D.

YOU are to be congratulated on the influences and opportunities that surround you. This medical college was organized over three years ago with the intention of making its standard high and its course of study thorough.

The Faculty have worked earnestly under some crosses and disadvantages, and in this short time have seen their college recognized by the leading medical colleges throughout the land. Our certificates and diplomas are accepted everywhere without question, and our students who go to other institutions of learning are graded as promptly and on the same footing with students from Harvard or the University of Pennsylvania. You will find your teachers working steadily, conscientiously and conservatively. It is not their aim to build quickly an immense educational structure that will prove top-heavy and, on the first contrary wind, crumble to the ground.

To-day you become coadjutors with Dr. Kurtz, Dr. Widney, Dr. McGowan, Dr. Utley and the balance of the Faculty in this work. You now begin to make history. You are not only engaging in qualifying yourselves for physicians, but you are also assisting in developing an institution of learning. From this day on you are either encouraging the progress of this college, or you are a hindrance. You can make your course of study here what you wish. This Faculty is human, and if you devote your time to carping criticism you can manage to keep yourselves in an unpleasant state of mind all of the time. When in Philadelphia I found students leaving Jefferson College and going to the University of

* From Address delivered October 10, 1888, at the Opening of the Fourth Annual Session of the Medical College of the University of Southern California.

Pennsylvania and *vice versa* and then going from each of these places to a New York school. It was the same in New York—this class of students would complain because Dr. Thomas was too bombastic and Dr. Lusk was too dry and Dr. Stimson was too technical.

It is ever thus, some people are constitutional growlers. They begin fault-finding when they get up and find something to complain of from the cold coffee in the morning to the cold sheets at night and thus they seem to be never satisfied unless they are out of humor. God pity the husband or wife who is yoked with such a wife or husband. Socrates and Xantippe are numerously alive to-day and Xantippe is frequently of the masculine gender.

Ah! but on the other hand how happy is the life and how joyous and useful the person that always tries to see the bright side. How much of the bright side have you to look on?

You are here in a college where the teachers are working earnestly to benefit you. You will find that there is an abundance of clinical material. Minor operations and the ordinary diseases of mankind you will see and assist in treating daily from the time you enter the college until you graduate. At first you will only write the prescription that your clinical teacher dictates and hold the splint on the fractured limb while he secures it, or wash the wound that he is to sew; but this very work is what you need. It is the foundation work of medicine and surgery.

You will also, every one of you, have opportunities of seeing and assisting in ovariectomies and other capital operations before you graduate.

In microscopy, histology and pathology you will be thoroughly drilled, and I can assure you that you will always be thankful for every hour you spent while in college, working with the microscope. A friend of mine, who is a professor in a New York Medical College, said that when he was in Berlin he learned that a physician, in order to have any standing with the Germans, should be a good pianist and an expert with the microscope. He said he might possibly be recognized without the former, but never without the latter accomplishment.

But it is in the study of anatomy, the fundamental study of medicine and surgery, that you have unexcelled advantages here.

The physicians who are present will all tell you that the thorough anatomist, both in student life and in professional life, is the one who always commands the high regard of his fellows. The man who can look on the human body and trace out the course of the arteries, nerves, veins and lymphatics; who can outline the heart, the stomach, the liver, the kidneys, the ovaries, and the womb; who can point to and name each muscle, stating from whence it starts and where it is inserted; can mark on the chest the course and bifurcations of the bronchial tubes, and who can picture on the skull the location of each division of the brain — it is he and he alone who is well equipped to study medicine.

Therefore, owing to the paramount importance of this study, the Faculty of this college have arranged the curriculum with the particular end in view of thoroughness in anatomy.

Take for instance the brain :

You will be drilled and questioned in its Anatomy by	Brain,	{ The Professor of Anatomy, { Professor of Surgical Anatomy, { Demonstrator of Anatomy, { Professor of Physiology, { Professor of Diseases of the Mind and Nervous System,
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and in a general way by the professors of Surgery and the professors of Practice.

You will be taught the anatomy of the heart by the professor of Anatomy, the professor of Surgical Anatomy, the demonstrator of Anatomy, the professor of Physiology, the professor of Clinical Medicine, and the professor of Practice.

You will be taught the anatomy of the female organs of generation, by your instructors in Anatomy, Physiology, and your professors of Gynecology and Obstetrics. Thus it is in all parts of the body we aim to give you every opportunity to be creditable anatomists. And above all you will have unlimited opportunities in the dissecting-room for personal work. The first year is usually the most difficult and trying, because the student has not yet secured a broad enough grasp of the subject to comprehend all that he hears, but if he has been faithful during the first year, when the second year comes dawn will begin to break and the calcium light of intelligence will illuminate his studies, and by the time the third year begins he will be enthusiastically in love with his chosen profession. And when he graduates then will his studies be

a never-ceasing source of delight. To live on the Pacific Coast, where every industry is developing at such a wonderful rate, where cities like Los Angeles, San Diego and Pasadena are growing at such a speed that they are attracting the attention of the nation, insures a man of ordinary brains a successful life. The very momentum of the place in which he lives will carry him along unless he is the most obtuse dullard. Energy, ambition and success are in the very atmosphere you breathe.

It is my pleasant duty, fellow students, to welcome you this morning to the opening of the Fourth Annual Session of the Medical College of the University of Southern California. I say "fellow students" advisedly, because there was never a time in my life when I was more truly a student than to-day. That is one of the delights of the profession of which you aim to be a member; the interest never ceases. You meet a disease and study it, and immediately you think of the best conditions of the atmosphere for your patient; the proper temperature, humidity, density, and that leads you to study meteorology, and to study meteorology you must be well informed in political geography and in the fascinating study of physical geography. You next probably think of the best nourishment for your patient, and that leads you into the realms of dietetics; and from food you pass to the condition of the skin and the character and frequency of the baths needed, which takes you to the extensive study of balneology. You then doubtless observe the mental condition of your patient. Should surrounding influences be humorous or sedate? Should his mind be led to dwell on heaven or earth? Should he be encouraged to talk or be silent? One patient will need the consolation of the clergyman and his mind withdrawn from worldly matters, while another who may be going daft on religion should be encouraged to go to hear Bob Burdette and the negro minstrels. One you must scold, while another you must placate and encourage, and here you are looking over the ramparts of the science of metaphysics and psychology. Now you may begin to think of the drugs your patient needs, and you will find yourself very lame if you know nothing of chemistry and botany.

Thus it is in medicine: you travel along in your work, and there are ever opening before your vision new and interesting

fields of study. A few weeks since I went to the town of San Jacinto, one thousand feet higher than the city of Los Angeles. Near there was a mound 300 feet high. I clambered to its top and involuntarily exclaimed, as I looked over the town and orchards and fields of waving grain, "What a charming view!" A friend who was with me said, "Do you see that road, that looks like a narrow path, leading up the side of yon mountain? That is the wagon road to Strawberry Valley which is 4,000 feet higher than where we are now standing." I then determined to go there and soon was ascending the mountain side, and ere long was in the midst of grand old forests where I was lulled to sleep by the musical notes of a mountain stream. Morning came in Strawberry Valley, and when I awoke I rejoiced at the great height I had reached; but my friend took me to a little knoll in the midst of green meadows and said, "See that mountain looming up in its massive might above us. By going over that we can reach Tauquitz Valley, 2,500 feet higher than where we now stand." Nothing daunted I began climbing that mountain, and in a few hours reached the valley, 7,500 feet above the level of the sea. Here there was so much to delight the eye and occupy the mind that I felt content with what I considered my great achievement. Not so my friend who said, "See those fir-trees on that ridge; they are 1,500 feet higher than this Tauquitz Valley, and surround the Tamarack Valley which is grander than anything you have seen." I traveled up to the ridge, through the fir-trees, and was soon in the midst of one of nature's grandest parks at an altitude of 9,000 feet above sea-level, and it was certainly something of which to boast, but my friend said, "See that peak, that is the very top of Mt. San Jacinto, the highest in the range—over 11,000 feet above the sea!" My inclination to boast vanished; I determined to reach that highest point. The feat was not as difficult as I anticipated, and soon I was on this rugged point over two miles nearer the sky than Los Angeles, and then was there cause for exclamation at the wondrous panorama of mountains, valleys, deserts and forests spread over the earth for many miles around us.

Thus it is in the study of medicine: the student advances from one point of interest to another, from one valley of learning to another still higher, until he will have reached in

the opinion of the world a great eminence; but here the similarity of the medical student's life and my mountain journey ceases. After I had reached the peak and gazed in rapture for an hour over the mountains and valleys that lay before me there was just one thing to do, viz., to retrace my footsteps and return to the ordinary walks of life. It is never so in medicine. One achievement in learning simply gives the student zest for acquiring more knowledge, and thus will the life of a physician ever be — one happy and continuous excursion to the fields of science, and when death comes with its chilling grasp to take him into the great beyond it will not find him idly waiting, like the worn-out debauchee, to be rowed across the river Styx, but he will rather be like the gardener at eventide who reluctantly relinquishes tending his flowers and plants and shrubs to lie down on his couch for a night of peaceful rest.

LOBELIA INFLATA AS A SURGICAL DRESSING.

BY F. R. MILLARD, M. D., SAN DIEGO, CAL.

A FEW years ago a "wise man from the East" published an article in a medical journal, proving to his own satisfaction, that the aborigines did not use and were unacquainted with the medicinal qualities of lobelia inflata. Fifty years ago it was a belief, universal and unquestioned, in northern Ohio, that the Indians used the herb internally and also externally. After reading the article I determined to try its virtues as an application to recent wounds. The legend stated that the Indians used it in the bites of animals, and in punctured and poisoned wounds.

First case: Mr. B had his index finger amputated by machinery. A compress of absorbent cotton was applied with a light roller and saturated with tincture lobelia, and directions given to keep the cotton constantly wet with the tincture. He complained of a burning, smarting pain for a few minutes, and returned to his work. The dressing was not removed till the wound was healed. He stated that it was inconvenient to have a rag on his finger, but otherwise it gave him no trouble.

Soon after Mr. W called about 11.30 A. M., having had the middle and ring fingers of the right hand taken off in a plan-

ing mill. (The index finger had been lost some years before in the same way.) The fingers were dressed and treated in the manner above described. He went home to dinner, and from there to the mill and did not lose an hour's time from the accident; he stated that unless they got bruised in some way they gave him no pain after the first day.

I have used it since then, in all cases of amputations of the fingers and toes, and in many cases after removal of small tumors, cuts, etc., and it has been much more satisfactory, both to myself and patient, than carbolic acid or iodoform. Whether a troublesome or dangerous absorption would result from its use on the stump of an arm or leg, could only be told on trial. Give the Indian his due. If he did not use lobelia inflata locally he omitted one of the best indigenous remedies.

CLINICAL LECTURES.

ANTISEPTIC MIDWIFERY IN PRIVATE PRACTICE.*

BY FRANCIS L. HAYNES, M. D.,

Associate Professor of Gynecology in the College of Medicine of the University of Southern California.

INFECTION or the "tainting" of raw surfaces by certain organic poisons is the cause of all the fevers and inflammations peculiar to childbed. This belief lies at the foundation of clean or antiseptic midwifery; and it is absolutely immaterial whether we believe these poisons to be germs or ptomaines, or whether we call them simply forms of dirt.

"There is nothing but the hard evidence of facts, *la brutalité des faits*, which forces us to accept this theory" (Kucher).

Here are a few of these facts:

Garrigues by his antiseptic system reduced the mortality of the New York Maternity Hospital from 15.69 per cent (at a certain period) to 1.39 and afterward to 0.78 per cent.

At one time about five hundred more deaths occurred every year on the side of the Vienna lying-in hospital attended by medical students, who were accustomed to come into the wards from the dead-house, than on the side attended by midwives. Simple precautions soon equalized the mortality.

In the same hospital, at another time, it is recorded that the systematic use of antiseptic precautions reduced the mortality from 10, 15 and even 20 per cent to (in 1878) less than 1 per cent (Kucher).

* Lecture delivered to the Medical Class of the University of Southern California.

At the Lariboisière, in 1854, the mortality was 1:11.8. From the moment when the antiseptic system was introduced by Siredey the mortality fell successively to 1:35 in 1872, 1:145 in 1877, and 1:199 in 1878.

Championnière, an enthusiastic antisepticist, lost 1:242 at the Cochin Hospital. In 1878, out of 770 cases he lost but two cases from puerperal causes.

During Lawson Tait's visit to Paris last year Tarnier called his attention to a chart on the wall of his room at La Maternité, showing the death rate of women confined in that hospital from 1792 to 1886. This record is divided into three periods: The first, that of inaction in which the mortality was from 9.3 to 20 per cent; the second, the battle of hygiene against infection and contagion with a mortality of 2.3; and third, the victory of antiseptics with a mortality less than 1 per cent; and in the Tarnier Pavilion, a little maternity constructed under his immediate direction, since June, 1880, with 785 deliveries, not a death has taken place.

In the Blockley Almshouse, Philadelphia, I was informed by Dr. Horwitz, at one time a resident physician, that while the mortality from puerperal fever among the whites was often more than 10 per cent, among the blacks, who persistently declined the services of physicians, that disease was practically unknown.

If you are not convinced by such facts, let me adjure you to watch carefully the results of those who habitually disregard cleanliness in midwifery, men whose finger-nails are constantly "in mourning", and, above all, men who have large mixed medical and surgical practices. Such physicians may not have epidemics of puerperal fever, but their cases recover slowly, and often have attacks of pelvic inflammation. If the cervix is lacerated, it does not heal. Endometritis, salpingitis, peri- and parametritis, subinvolution and all their long train of "catarrhs" and displacements result.

But the results of septic infection are not confined to the pelvic organs. If the patient survives the attack of acute blood-poisoning which follows, abscesses of the lungs and death from consumption may result after as long as a year or more. Or the profound anemia may so disorder brain nutrition as to produce a form of melancholy or puerperal insanity. Gentlemen, infection is a veritable Pandora's box. Take care that your hands do not remove the lid and allow its endless evils to escape to plague your patient and yourself!

THE DOCTOR'S PERSON, ETC.

The physician who attends confinement cases should avoid unnecessary contact with suppurating wounds and infectious diseases generally.

In examining such cases he should prevent his cuffs and clothes from touching the person, and should disinfect his hands immediately after the examination. If his clothes are grossly infected as by diphtheritic sputa or by scarlatinal scales, they should be immediately cleaned as far as possible, and should be removed and disinfected by prolonged exposure to fresh air and sunshine and to sulphur fumes. A good plan is to visit all your infectious cases and then to take a bath and change all your clothes. The hair and beard, which are often infected, with diphtheritic sputa especially, should be kept clipped and carefully washed after every exposure.

Aside from puerperal cases all these precautions should be taken, lest you carry disease to children and others in your care. It may be disputed whether scarlet-fever poison produces, in the lying-in woman, septic fever; but it undoubtedly produces scarlet fever, and that often of a very fatal type.

If you are at all uncertain about the purity of your shirt sleeves, you will, on reaching the lying-in chamber, after having disinfected the hands and arms, pin a towel around the arm and sleeve in this manner and thus prevent any contact between your clothes and the patient.

Gloves are generally infected, and you should wear them as little as possible, or should wear such as can be washed. No true antisepticist will wear finger-rings.

The care of the hands is of primary importance, and should be a daily duty. Keep the nails pared short and their edges filed smooth.

Soak the hands in warm water, and clean the subungual spaces with the blunt bone nail-cleaner, not with a sharp instrument, and with nail-brush. Push back the skin from around the nails to prevent hangnails, and should such form pare them off and apply salicylic acid to any raw surface. The skin should be kept soft and finger-tips sensitive by the frequent use of lubricants. Rubbing freely with glycerine after washing and before wiping the hands, and sleeping with the hands gloved after greasing them with white vaseline, are effectual means. All wounds and scratches are dusted with salicylic acid and carefully protected by a bit of rubber plaster till healed.

One of your professors told me yesterday that not five men in Los Angeles knew how to wash their hands. This consists of two processes, the mechanical removal of epidermic scales and dirt, and the destruction of microbes by antiseptics.

Have a large pitcher of cold water and one of hot, two basins, a nail-brush with stiff bristles and handle all in one piece, soap, and clean towels. The nurse will often hand you towels which have been used; refuse them. You will often have to wash out the basins yourself, and even wash off the cake of soap. Whenever you have used your nail-brush in a septic case, don't forget to wash it well and to soak it in sublimate. If you forget your nail-brush, use a clean scrubbing brush. I will now go through the disinfecting process before you. First, take off your coat and roll your shirt-sleeves above the elbow. Have them made loose. Using the nail-cleaner the gross dirt is removed as far as possible from the subungual spaces, which are next filled with soap and vigorously scrubbed out with the brush, using warm water. It is astonishing how often you can repeat this process and yet be able to see dirt under the nails. The entire hands and arms are now scrubbed thoroughly, especially in the furrows. This will take you at least five minutes. Now rinse in fresh water and bathe the arms and soak the hands for one minute in sublimate solution (which has been prepared in the second basin), 1:1000, or if they have been in septic matter 1:500. Now shake the superfluous moisture off and proceed to examine the patient, and if you wipe the hands dip the examining hand in sublimate before using it. You need no other lubricant for this purpose. After every examination you wash your hands, and if you have touched anything with the examining hand wash it before repeating examinations.

Always dip the hand in sublimate solution 1:2000 before each repetition of the touch, and after dipping do not allow it to come in contact with the bed-clothes or anything else until the finger reaches the vagina.

Any instruments which may be used are most thoroughly washed and disinfected by soaking in 1:1000 sublimate solution if non-metallic, or 1:20 carbolic, if metallic. Renew antiseptic solutions whenever used. You must not think that a basin of *dirty* water containing a little sublimate or carbolic is an antiseptic solution. On the contrary, *clean* water without

any chemical is far more antiseptic. I would not dwell on this point, were it not that I constantly see excellent practitioners trying to purify instruments in solutions in which a very dirty pair of hands have just been washed. Therefore I say again, renew your antiseptic solution every time you use it, and put nothing in it which has not first been made perfectly clean. It is scarcely necessary to state that sublimate solutions should always be put in crockery. Another point: To make solutions for application to the patient, always use tablets. If you use a strong liquid preparation, the solution will almost invariably be made too strong. Thus I recently saw a usually very careful physician preparing a solution for intra-uterine injection. The strength of 1:8000 was desired, but the strong preparation was dashed into water without measure, and I am sure 1:300 was used. Just here a word may be said against the indiscriminate application of antiseptic solution to the genital canal. They are usually unnecessary, and undoubtedly may do harm. Use them on hands and instruments as a routine measure, but respect the sanctity of the vagina and use antiseptic or other douches only to meet indications.

OBSTETRICAL BAG AND CONTENTS.

A home-made canvas or duck knapsack, with a bottom composed of two layers, between which is slipped a thin board, answers every purpose. It is best to have two bags. They should be boiled whenever they are exposed to infection.

It contains, as you see, a very simple pair of axis-traction forceps, which can be used for all purposes, with or without the attachment; a wooden box, in which is a five-quarts alpha fountain syringe; long double tube for intra-uterine injections; tin cans containing sublimate and iodoform gauze, and cotton; glycerine soap, nail-brush, bottles containing ergot, carbolic and glycerine, sublimate solution and tablets, iodoform, ether, chloroform, catgut, antipyrin and atropia tablets, arranged in loops along one side. On the other side are pockets containing needles and holder, hemostatic catch, forceps (three or four pair), scissors, Sim's speculum, silver wire, catheter and several small boxes of vaseline, each to be thrown away after using in a confinement.

If you keep such a bag ready for immediate use, I think you will not practice many months before you will find it advantageous. Take it to every confinement case. After using, clean everything thoroughly. Disinfect metallic instruments by five per cent carbolic, and others by sublimate. Pay especial attention to the purification of your syringe nozzles and tube. By far the best way to purify instruments is to boil thoroughly for at least half an hour, after using plenty

of soap and water and a brush, especially to joints and grooves. In buying instruments choose as far as possible those which are composed entirely of metal and are devoid of grooves. Sepsis lurks beneath the wooden plates on the forceps' handles, around the joints of your scissors, and in the recesses and crevices of the ancient syringes which are treasured up in the drawers of your patients' dressing-stands.

THE PATIENT AND HER SURROUNDINGS.

Pay your patient a preliminary visit and give her a list of necessary articles—a new fountain syringe and a bed-pau should be included; and, if you do not sometimes provide basins and towels, you will often wish you had done so. Cleanliness and fresh air are of course as beneficial in the lying-in room as elsewhere. The skin of the patient should be kept in good order by frequent bathing. Diuretics and purgatives are given if indicated. Just before labor a copious rectal enema is used and the vulva and perineum thoroughly washed. During the first years of your professional life you will come across cases where the parts are grossly foul, and where there is no nurse to wash them for you. Do not hesitate to apply plenty of soap and water; finally irrigate with your fountain syringe. If a bed-pau is not handy a big basin will answer the purpose. Throughout labor keep the pudenda thoroughly clean. Vaginal injections are not used before delivery, unless there is leucorrhea, or the patient has had prolonged labor or has been frequently examined, or has been examined by more than one attendant. When required, hot water generally suffices, but if any infection is suspected a quart of sublimate solution 1:4000 may be used after the hot water. The tube used should have no terminal opening and it should be gently moved in every direction so as to reach all parts of the vagina. In strictly normal cases vaginal injections are superfluous.

CONDUCT OF LABOR.

Learn to diagnose position and presentation by external palpation. Vaginal examinations are made only when necessary; their frequent repetition removes the mucus which nature designs as a lubricant to facilitate the passage of the child, and increases the danger of laceration and sepsis. Two digital examinations are all that are really necessary. The

bag of water should not be ruptured until the cervix has fully dilated, and the vagina has become thoroughly dilatable. In primiparæ, if it can be preserved until the perineum has been dilated also, the risk of laceration will be much lessened. With the bag intact labor will be slower, but it will be safer. I can recall many cases in which by a premature puncture of the bag I have been obliged to terminate labor by the forceps before the vagina and perineum were prepared for the passage of the child; as a natural consequence several lacerations have ensued.

As regards forceps, the longer you practice the less you will be tempted to use it unnecessarily, unless, unfortunately, you become too busy to give nature time enough to do her work. Use the forceps then for well defined indications, just as you would make a surgical operation. The more you respect the bag of waters the less you will use the forceps. It is too often employed, not in the interest of the mother and child, but to suit the convenience of the attendant.

A physician told me that when summoned to an obstetric case half an hour before an unimportant appointment he immediately applied forceps, and then met his engagement punctually.

An acquaintance of mine was called to a primipara from a ball where he was enjoying himself grandly. Finding the cervix about half dilated he without delay delivered the woman. She died the next day. Her uterus had been ruptured. A puerpera should shun such men as she would a mad dog.

Your experienced and judicious teacher of obstetrics has already told you how to apply forceps, and that you should depend not on brute force, but on skill and judgment.

He has also taught you how to preserve the perineum by retarding the head and by keeping it flexed until the occiput protrudes, and then allowing it to extend slowly.

The placenta is delivered by squeezing the uterus during pains and by slight pressure of the whole organ toward the vulvar outlet. This process will generally occupy ten minutes or less, but in a poorly contracting uterus you can often occupy half or even one hour with great advantage to your patient. Half a drachm of ergot fl. ext. aids such cases materially, but requires about half an hour to take effect. Make no traction on the cord. As the placenta passes through the vulva it is caught by the hand and sustained, so that by its weight it may not tear the membranes should they not come with it. Should the membranes not come away, the womb is squeezed and pressed patiently for a few minutes. If this

fails, the placenta is slowly turned two or three times and the pressure renewed. If still unsuccessful the rope of membranes is seized by the fingers gently, and by a broad hold, and slight traction is made, now and then passing the fingers up toward the cervix to take a higher hold. All this time the hand outside continues to knead the uterus. Rarely in spite of all your care you will feel the rope tear. This sensation is important, as it is practically the only way by which you can tell that a portion is retained. The membranes having torn, by passing the aseptic fingers into the cervix you will often succeed in seizing the piece left and in extracting it. This is a very delicate maneuver and is greatly assisted by the pressure of the outside hand. If the membranes again tear, you put two fingers into the uterus and empty it. This may require the introduction of half or the whole hand into the vagina, a very unpleasant procedure for the patient. Frequently, however, by pressing the cervix down into the vulva, the entire uterine cavity may be explored by the finger without introducing the hand into the vagina.

Should an inspection of the placenta show that a portion is retained, this is also removed.

In short, a great point in midwifery is to thoroughly empty the uterus and to keep it empty by keeping it contracted.

Imperfect contraction of the uterus after labor, even if it does not allow hemorrhage, is dangerous for these reasons: The placental site, with its large sinuses or pockets leading into the veins, presents a much larger, raw, absorbing surface than in the contracted organ. These sinuses in contraction have their walls forced together and contain small hard coagula not extending into the veins, while when contraction is imperfect they are filled with large soft clots which extend into the veins. It is easy to imagine how germs gaining access to the cavity by means of the hands or instruments, or by extension from wounds in the vaginal outlet, may infect these clots; and it is very common in autopsies of cases of childbed fever to find pus and broken-down clots in the sinuses and the veins leading from them. A cavity is present in the body of the uncontracted uterus, allowing lochial discharge and blood-clots to collect. In the contracted body there is no cavity, the anterior and posterior walls lying in apposition.

You may ask, why does fluid collect in such a cavity? Why does it not run out through the cervical canal? Because the uncontracted organ doubles up on itself in a condition of antiflexion, not having rigidity enough in its walls to keep it upright; and the anterior wall of the fundus is often on a lower level than the external os. It is shaped like this diagram, with such a sharp angle at the internal os as to close it, just as a sharp angle in a hose stops the flow of water. Attempt to pass a tube into such a uterus and you will fail unless you pass your finger through the internal os and straighten the canal. Now, a contracted uterus is more upright; there is no angle at the internal os, only a curve, and fluid runs away as rapidly as it forms.

To insure this perfect contraction is why we give ergot as soon as the child is born. But do not give too large doses—from one-third to one drachm of the ext. fl. just after birth. Repeat if the uterus does not contract firmly. You may have to continue ergot in doses of from 1-6 to 1-3 drachm, 3 t. d. for one or even two weeks, in order to maintain thorough contraction. You will not practice long without discovering that most preparations of ergot are worthless. This is because they are made from stale and, consequently, inert specimens of spurred rye. Squibb's fluid extract is the best, and even that sometimes fails. If you give more than a drachm of a really active preparation, you may cause vomiting, collapse and relaxation, and thus promote hemorrhage, as I have seen in several cases.

But as ergot often takes half an hour to act, and as it does not always act, you do not wait for it, but insure perfect contraction by kneading the womb until it forms a hard ball. This process must often be continued for an hour. Very hot vaginal or intra-uterine injections are given if contraction is long delayed.

When the fingers have been introduced into the womb, or when hemorrhage has occurred, or when any of the uterine contents have decomposed, the uterus is thoroughly irrigated immediately after delivery. Use the fountain syringe and a vaginal nozzle which you have curved somewhat after softening in hot water. Use one or two gallons of water as hot as can be borne, and introduce the nozzle with the water running, so not to admit air. After the uterus is thoroughly

cleaned with hot water, you may, if you have suspicions of sepsis, finish up with a quart of 1:8000 sublimate solution, but this is rarely necessary and should be used with great caution. More of this hereafter.

In selecting your lubricant for these procedures, use that which you have brought yourself, and which you know to be clean, and never any from the filthy specimens you will find in your patients' houses.

Vaginal injections are not used after labor in normal cases, but only under the same circumstances as intra-uterine irrigation, or where laceration of the genital canal has occurred. They should consist of hot water to clean the parts, and finally of a quart of 1:4000 sublimate solution. Let your patient turn on the side afterward so that the fluid may run from the vagina; unless septic symptoms occur (fever, foul discharge), after the vagina has been once thoroughly disinfected, no more vaginal injections are given. If the perineum has been ruptured through as much as one-third its thickness, the vagina is carefully disinfected and the wound sutured.

Where any laceration has occurred of cervix, vagina or perineum, it is an excellent plan to put a heaping teaspoonful of iodoform in contact with the cervix and to sprinkle some of the same drug over any other wounded or sutured surface.

Finally, the external parts are thoroughly cleaned, the binder is applied, a large mass of absorbent cotton or oakum is applied to the vulva and kept in place by a broad bandage fastened in front and behind to the binder. This dressing is changed three times a day, and the vulva cleaned and irrigated. Where the patient has not been infected, this dressing does away with the necessity for vaginal injections during the puerperium. If no occlusion pad is used, then patients, whose vaginæ have been contused or lacerated, should receive copious hot vaginal injections twice daily, or oftener if required.

The nurse should be a believer in cleanliness, and should come to the house with a supply of freshly washed clothes. I know of a recent case in which the patient acquired a trying attack of fever from a nurse who left a septic case to attend her. The nurse should use the same precautions as you do.

You have now received an imperfect outline of the all-important subject of clean midwifery. You will meet many experienced practitioners who will scout at the notion that

unusual precautions are necessary in the lying-in chamber ; they will say they have never paid any attention to antiseptics, and yet have had but little septic fever. I do not hesitate to say that these men do not know what constitutes a septic disease. When you hear such assertions ask them whether they see many cases of puerperal cellulitis, of milk-fever, of malaria after confinement. You will find them firm believers in these diseases, which are, as a rule, only names for various manifestations of septic poisoning. Ask them what is the normal temperature of the puerperal woman, and they will tell you that a rise of one, two or three degrees is insignificant. All the evidence you require to satisfy yourselves that they are wrong will be furnished by a few cases treated by yourselves. Exercise scrupulous cleanliness, and practice a wise conservatism in interfering with the natural course of parturition, and your cases will do so well that you will never have any temptation to neglect the rules of antiseptic midwifery.

DR. R. H. PLUMMER, Professor of Anatomy in the Cooper Medical College, Secretary of the State Board of Medical Examiners, and late President of the California State Medical Society, sailed from San Francisco, October 27, accompanied by his wife and two sons. They will first spend a month in Japan and go from thence to China, India and Europe. In a personal letter he says he will not be at home in time for the meeting of the State Medical Society in 1889, but that he believes the Society will then vote to hold the following meeting in Southern California and that he hopes to be at home in time to participate in that meeting of 1890 amidst the orange groves of the sunny South. Dr. Plummer has resigned his position as Secretary of the Board of Examiners and Dr. Chas. E. Blake has been elected to fill the vacancy. Dr. Blake was President and Dr. Chas. H. Steele succeeds him as the presiding officer. Dr. Plummer has been an untiring worker for legitimate medicine and he carries with him the gratitude of the law-abiding physicians of all schools. We wish him and his family *bon voyage*.

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THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

UNIVERSITY MEDICAL COLLEGE—FOURTH SESSION.

THE Los Angeles *Evening Express* of October 10 says:

“The opening exercises of the fall term of the Los Angeles Medical College were held at the college building, 219 Aliso street, this morning. The College is a branch of the University of Southern California, and has been in successful operation for three years. The graduating class last year consisted of nine young men, several of whom are at present in Europe, pursuing post-graduate studies. Many improvements

have been made at the College of late, the upper story of the building undergoing a complete transformation. Three large rooms, well ventilated and lighted, have been added for the purposes of the College. The first, the surgical room, is a large apartment and well adapted for the purposes intended, as are also the microscopical and dissecting rooms.

(Here follows list of the members of the Faculty.)

"After prayer by Professor Dickinson the exercises were opened by the President, Dr. Bovard. His address was short and extemporaneous: He said there was a kind of commercial relation running throughout this life-work. You cannot take out what you do not put in. If you put a certain sum of money in bank you will be able only to draw that amount out. In some instances you will be able to draw a little interest. The doctor compared the work before the class with his illustration. Storing away knowledge now, they will be able in the future to draw on their accounts and with interest. 'You have a chance now. You can put an immense amount in. If you put in hour by hour, day by day, you will be able to draw in the hour of your necessity.'

"Dr. Lindley next addressed the class.

(See address on page 420.)

"Dr. Kurtz, Professor of Clinical Surgery, next addressed the class: 'Every one in life,' said the doctor, 'has some utility and must prepare for it. Tastes differ. Some select a trade, others prefer tilling the soil. Again, some choose a mechanical and others a professional career. Now it seems to me by your presence that you have selected the medical profession. Do you know why you have selected it? Is it for for glory or fame? Remember that there is no profession in life but what has more or less annoyance. But if you have an inclination to perform the arduous duties of a physician I shall encourage you. But if you select it to lead a gentlemanly idle life, I tell you stop right here. I tell you you have chosen the wrong vocation. The study of medicine and surgery requires hard work, close, intelligent and careful observation. In the first place good judgment is essential, and then a heart, self-sacrifice and love for your fellow man. Don't imagine the moment you obtain your diploma you will step into a fortune and be famous. Years may pass ere you obtain for yourself renown. Take the tradesman: he finishes his work, opens his hand and obtains his money. But you may work night and day with your patient and then find that he is impecunious. But this is absolutely expected that you should attend the poor as well as the rich. The world expects you to be charitable.' The doctor warned the students that the Faculty did not persuade them to study medicine, but on the contrary warned them to make note of the fact that a physician's life was not the most enviable of the professions.

"The exercises closed by Dr. J. P. Widney making a few remarks. He admonished the members of the class to work as hard as they could. 'Open your eyes and ears as wide as you can. Take in everything you can.' He believed that education received from oral instruction better than that received from books alone—at least instructions thus received were better retained in the memory. He said that three years work had been done and good results had been obtained. He had heard indirectly from abroad of the respect in which the institution was held. One old student who had visited and studied in Germany, having written him that the more he saw of the European schools the more he appreciated his old school. Buildings did not make a medical school by any means. All that was required for a thorough medical and surgical education could be found within the walls of this school. Until a new site was found upon which to construct a new edifice, he asked the students to be content. 'No rules were laid down for the students to observe except to be gentlemen. You are to do nothing unworthy of a gentleman or of the profession.'"

There are over fifty per cent more students in attendance than ever before, and the Faculty may well feel proud at this auspicious opening of the Fourth Regular Session.

THE TENDENCY TO SIMPLICITY IN ANTISEPTIC SURGERY.

THOSE who hope for the universal adoption of antisepticism are pleased to note a reaction in progress against complication in details, and against the excessive and unnecessary use of powerful solutions. Carbolic, because of its inefficiency and of its injurious local and sometimes general action, is rapidly being shelved. Sublimate, we are taught by excellent authorities, should not be used in operations on the pleura, the peritoneal cavity, and the kidney; to these Volkmann now adds extensive dissections (excisions) of the rectum. Strong sublimate solutions have long been avoided by those accustomed to operate on the female genitals. The daily use of vaginal injections of a solution stronger than 1:4000 will soon produce stomatitis, and the occasionally fatal effects of powerful solutions in the hands of the obstetrician are familiar to all.

We believe that the time is not far distant when most oper-

ations will be conducted under irrigation with clean hot water, and concluded by a brief but thorough drenching of the raw surfaces with a weak sublimate solution. The utility of water in *mechanically* removing germs has not been sufficiently appreciated. Moreover, as Pilcher says, there is something in pure water which is decidedly deleterious to germ life. The veteran Credé whose success as an obstetrician, in an immense lying-in charity, is unsurpassed, rarely uses anything but pure water for vaginal or intra-uterine irrigation.

With the hands and arms of the operator and assistants thoroughly purified by soap and water and by strong sublimate solutions, with instruments which have been thoroughly cleaned and boiled and an atmosphere free from certain specific poisons (as those of diphtheria, scarlatina, and erysipelas) we believe such irrigation as that described above to be amply sufficient. Operations for suppuration and tubercular diseases, especially of bones, may perhaps be excepted.

UNIVERSITY MEDICAL MAGAZINE.

WE have received No. 1, Vol. I, of this new purveyor of the science of medicine. It is edited under the auspices of the Faculty of Medical College of the University of Pennsylvania.

In the number before us we find first an article by D. Hayes Agnew: "Practical Observations on Senile Hypertrophy of the Prostrate Gland." Prof. Agnew says: "I know of but one measure by which the hypertrophy now under consideration can be permanently modified and often arrested, and that is by prostatotomy. This is simply the median operation as done for stone in the bladder."

The second article is "A Year's Work in Osphoreotomy," by Prof. Goodell. He says eighteen of his operations were successful, and one, the first one, fatal. He did not use the spray, but "carried out every other antiseptic detail." The pedicles were tied with silk. Drainage was employed but once, and that in the fatal case.

The third article is "Thoughts concerning the Symptomatology of Insanity," by Prof. H. C. Wood, and is very interesting. It closes with references to Bunyan, Victor Hugo,

Byron, Cowper, Swedenborg, Luther and Joan d'Arc, all tending to "show how the most wondrous of all instruments, the human brain, may yield its finest work when it is itself distorted and deformed by the inheritance of the insane taint, even perchance on the verge of hopeless ruin."

"Cardiocentesis," the fourth article, is by Provost William Pepper. Dr. Pepper says: "The heart may be punctured, either in its auricle, or in its ventricle, without serious results, if it is done quickly with a small needle and the needle not allowed to remain too long."

The fifth article is by Dr. J. Wm. White, on "Difficulties in the Diagnosis of Hernias."

The magazine has much other valuable reading matter. It is a handsome octavo of 68 pages. It is published by A. L. Hummel, 224 S. Sixteenth street, Philadelphia, for \$2 per year. It should find a friend in every graduate of the University of Pennsylvania, and will doubtless also number among its subscribers many who cannot boast of diplomas from this distinguished source.

REPORT YOUR CASES OF LEPROSY.

THE following circular letter speaks for itself and indicates a movement in the right direction:

OFFICE OF

H. S. ORME, M. D., PREST. STATE BOARD OF HEALTH,
75 N. SPRING ST., LOS ANGELES, CAL.

Dear Doctor: As the disease of leprosy is now attracting a great deal of attention, and as it is the impression that we have a great many cases on this coast, especially among our Chinese population, I am very anxious, therefore, to find out as near as possible the number of cases in California.

Will you kindly answer the following questions, and greatly oblige.

Very respectfully yours,

H. S. ORME, M. D.,

Prest. State Board of Health.

1. Do you know of any cases of leprosy in your county, if so where?
2. How many, and of what form?
3. Are they kept segregated?
4. What is their nativity? Sex? Age?
5. Where did they contract the disease?
6. What are the supposed causes?

7. How long have they been affected?
8. What has been your treatment?
9. What have been the results?
10. Do you consider the disease curable?
11. Have you noticed that the infected are consumers of fish to any great extent?
12. Do you consider it contagious or infectious, otherwise than by inoculation?
13. Can you trace any case to contagion?
14. Have you known more than one case contracted from the same person?
15. Do you think it a hereditary disease?
16. Have you known of any deaths; if so, how many?

EDITORIAL NOTES.

THE American Medical Association, says the *Medical Times*, should define what constitutes a perfect food, and leave the manufacturers to come up to the standard so set. We think we can give the pig-wigs of the Association some assistance in this matter. Would not a composition exactly resembling the milk of a healthy woman, with an arrangement to keep it perfectly fresh, so that it would be on tap at regular intervals, day or night, fill a long felt want? All that remains, now, is "for the manufacturers to come up to the standard."

President M. M. Bovard of the University of Southern California is in New York. He is accompanied by Mrs. Bovard. The President's duties are arduous, but he is ably seconded in his official work by his talented wife who really deserves the title of Vice-President.

The proper thing in medical journalism now-a-days is to tack the name of some local teacher to your commonplaces. Thus: Professor Jones has found that cascara acts as a purgative, or Tom-Dick-Harry advises the use of paregoric in diarrhea.

We are informed that a physician of this town is undergoing the prolonged tortures of a suit for malpractice by a former patient who is a sufferer from comminuted fracture, which he of course attributes to the physician's negligence. From our limited experience pseudarthrosis can't be attributed to want of care. Its cause is unknown. Pilcher, in a thoughtful essay (*New York Medical Journal*, May 5, '88, p. 486) says:

"There is room to question the soundness of the teaching that imperfect mobilization is often the sole cause of non-union or even the chief cause thereof. The weight of evidence is such as to justify the assignment to constitutional states, and to local conditions not within the control of the surgeon, a yet larger role in the etiology of pseudarthrosis than is generally recognized."

We regret to learn that Dr. Arnott of London will go to California early in September, and remain at least a year. It is possible he may make Los Angeles his permanent home. After he had decided to leave the Province he tendered his resignation as Teacher of Clinical Medicine in the Medical Department of the Western University. The authorities, wisely, we think, refused to accept it, but have made arrangements to fill the position temporarily with the hope that the doctor will return in time to resume his work for the session of 1889-90. . . . We sincerely hope that his health and that of his family will permit his return to Canada.—*Can. Prac.*

We have enjoyed a call from Dr. Arnott and are glad to welcome him to Los Angeles.

Prof. Geo. J. Engelman, the well known author, gynecologist and obstetrician of St. Louis, has recently returned from a seven months absence abroad, having left last February, giving up everything at short notice in hopes of restoring his wife's health. He visited some of the hospitals and succeeded in introducing his system of electro-therapy in two of the Berlin clinics—Martin's and Gusserow's, and received very complimentary notices on his success in the treatment of some bad cases in those clinics. He can well be proud of this triumph among men of the knife, who regard nothing but steel as of value.

MARRIED.—WING-STEARNs: October 18, 1888, at the residence of the bride, Jacksonville, Illinois, Horace B. Wing, M. D., of Los Angeles, California, and Miss Mary Adeline Stearns. Dr. Wing is lecturer on physiology in the University Medical College and the surgeon for the Santa Fé railroad in Los Angeles.

We gladly call attention to the advertisement of C. Laux Jr. that appears in this journal. Mr. Laux is a reliable druggist. He is also a thorough chemist. The kunyss he manufactures has been of great aid to us in treating the vomiting of pregnancy. We believe that it will relieve far more cases of this trouble than any other remedy.

Dr. W. W. Hitchcock, of 42½ South Spring street, Los Angeles, is the author of "The Physician's Pocket Day-Book and Ledger." It is all its title indicates and is handsomely bound in Russia leather. The price is but \$2.00. It can be obtained by sending the money to the above address.

CORRESPONDENCE.

PASADENA MEDICAL ASSOCIATION.

PASADENA, November 1, 1888.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER: The first regular meeting of the Pasadena Medical Association was held Tuesday evening, October 30, in Pickwick Hall, for the purpose of perfecting a permanent organization. The following officers were elected to serve the ensuing year: President, Dr. A. H. Davis; Vice President, Dr. J. M. Radebaugh; Treasurer, Dr. H. N. Hall; Secretary, Dr. Francis F. Rowland. Dr. H. N. Hall read a paper on *Bacillus Tuberculosis*.* The paper was illustrated by specimens under the microscope and was discussed briefly, by members present. A vote of thanks was tendered Dr. Hall for his able paper. It is the intention to hold monthly meetings and have some member read a paper on a subject of interest to the profession.

Very respectfully,

FRANCIS F. ROWLAND, *Secretary*.

NEW LICENTIATES.

SAN FRANCISCO, October 5, 1888.

AT the regular meeting of the Board of Examiners held October 3, 1888, the following physicians were granted certificates to practice medicine and surgery in this State:

Dan Putnam Albee, Blocksburg; College of Physicians and surgeons, New York, May 10, 1888.

Henry Arnott, Los Angeles; University of Toronto, Canada, June 8, 1870; and College of Physicians and Surgeons, Ontario, Canada, April 20, 1870.

Chas. P. Bagg, Los Angeles; Medical College of the University of Southern California, Cal., April 11, 1888.

Will. C. Brumfield, San Diego; St. Louis Medical College, Missouri, March 7, 1877.

Felix A. Callahan, Grafton; Medical Department University of Oregon, Or., April 2, 1888.

S. E. Capper, Santa Paula; Louisville Medical College, Louisville, Ky., February 25, 1880.

*This paper will appear in the December issue of the SOUTHERN CALIFORNIA PRACTITIONER.

Edw. F. Cunningham, Camptonville; Beaumont Hospital Medical College, Missouri, March 15, 1888.

Bernard Daly, Lakeview, Or.; Medical Department University of Louisville, Ky., March 1, 1887.

John R. Dorroh, Sheep Ranch; Miami Medical College, Oregon, March 5, 1884.

Thos. A. Fairbairn, San Diego; Bellevue Hospital Medical College, New York, March 1, 1867.

Sarah van Tuyl B. Fleming, Coronado; College of Medicine and Surgery of Syracuse University, New York, February 23, 1873.

John Michael Fuchs, San Francisco; Philadelphia College of Medicine, Philadelphia, Penn., July 7, 1855.

Dennis S. Green, Pasadena; Jefferson Medical College, Pennsylvania, April 2, 1885.

Fortunato Hernandez, San Francisco; Medical School of the City of Mexico, Mexico, August 3, 1886.

Hester Ann Hewlings, Los Angeles; Woman's Medical College of Pennsylvania, Pennsylvania, March 15, 1883.

Walter B. Hill, San José; Jefferson Medical College of Philadelphia, Pennsylvania, March 10, 1864.

Antoinette Wright Hinton, San Francisco; Woman's Medical College of New York Infirmary, New York, May 29, 1885.

Siegmund Knopf, Los Angeles; Bellevue Hospital Medical College, New York, March 12, 1888.

Martin Krotoszyner, San Francisco; University of Leipzig, Germany, August 12, 1887.

John M. Maclean, Riverside; Medical Department University City of New York, New York, March 11, 1884; and King and Queen's College of Physicians, Ireland, July 14, 1885.

George D. Marvin, San José; Detroit College of Medicine, Michigan, March 23, 1886.

Chas. Larkin McCracken, Oakland; University of Toronto, Canada, June 8, 1881.

Samuel B. Miller, Modesto; Rush Medical College, Illinois, February 26, 1878.

Charles P. Murray, Lamanda Park; College of Physicians and Surgeons, New York, February 28, 1879.

Johannes P. Nannings, Livermore; Medical Department University of Leyden, Holland, June 23, 1888.

William F. Perry, Perris; Kentucky School of Medicine, Kentucky, June 30, 1885.

Henry C. Rankin, Monrovia; Bellevue Hospital Medical College, New York, March 14, 1887; and Ohio Medical College, Ohio, March 10, 1886.

John B. Stone, San Diego; Medical College of Ohio, Ohio, February 28, 1877.

Charles Toole, Valley Springs; College of Physicians and Surgeons of Baltimore, Md., March 25, 1886.

Richard G. Tyner, Forest City; Royal College of Surgeons, Ireland, April 28, 1877; and King and Queen's College of Physicians, Ireland, July 11, 1877.

Twelve incompleted applications were laid over and the Secretary was instructed to notify the applicants to complete the same without delay, or show sufficient cause for further continuance. A communication was received from G. Beaumont of San Diego, stating that the unprofessional advertisements complained of had been withdrawn. Communications were received from Los Angeles, Modesto, Sacramento and Woodland on the subject of prosecutions. Edward Dawson of Woodland, was arrested for practicing without a license. His case will be ably and earnestly prosecuted by the indefatigable District Attorney, F. S. Sprague, to whose intelligence and industry was due the successful prosecution of A. O'Leary last year. It will be remembered that the Supreme Court rendered its first decision in this case in favor of the defendant; but upon petition by Mr. Sprague, sanctioned by the Attorney General, the case was reöpened and finally decided in favor of the people. The Secretary presented the decision of the Supreme Court in the case of the People vs. P. Roscoe McNulty, who was convicted in the Police Court, and again in the Supreme Court, and carried on habeas corpus to the Supreme Court. By an ingenious method of reasoning, the Court arrived at the conclusion that the law provides a penalty only for those who practice medicine without first having procured a certificate from one of the Boards of Examiners. They failed to find any law to convict one of practicing without a certificate after the same has been revoked. It will be remembered that McNulty's certificate was revoked on the charge of unprofessional conduct. This decision was concurred in by four members of the Court, of whom Justice Sharpstein was the feed Attorney of illegal practitioners before he was exalted to the position of Supreme Justice, chiefly through the

influence of the Kearny element of society. Chief Justice Searles dissented. Justice Temple was absent, from illness, and Justice McKinstry on the eve of his resignation declined to participate.

This decision demonstrates the necessity of the Boards exercising greater care in granting certificates where there is any question of professional conduct. It also demonstrates the necessity of passing the new bill recently adopted by our State Society. We again call upon the profession throughout the State to aid the Board in its efforts to enforce the law. Look after your would-be representatives and other officers in the coming election. Make it a professional matter, rather than a political one. Let us support those who support us. The profession is more than two thousand strong in this State, and may hold the balance of power.

Chas. E. Blake then offered his resignation as President of the Board which was accepted, and Chas. H. Steele was elected to fill the vacancy.

R. H. Plummer then called up his resignation as Secretary, presented at the September meeting, which was read and accepted, and Chas. E. Blake was elected to fill the vacancy, with office at 431 Geary Street.

R. H. PLUMMER, *Secretary*.

At a special meeting of the Board of Examiners held October 22, 1888, the following physicians were granted certificates to practice medicine and surgery in this State :

Charlotte Allen, Los Angeles ; Medical Department University of Michigan, Michigan, June 26, 1879.

Carl Adam Beck, San Francisco ; Medical Department State University of Iowa, Iowa, Mar. 7, 1888.

Henry Edw. Crepin, San Diego ; College of Physicians and Surgeons of Chicago, Illinois, Feb. 23, 1886.

Edw. P. H. Griswold, Los Angeles ; Medical Department University of New York, New York, Feb. 19, 1878.

Sterling C. Newton, East Los Angeles ; Berkshire Medical College, Massachusetts, Nov. 21, 1854.

John Samuel Sargent, Fresno ; The College of Physicians and Surgeons, Illinois, Feb. 21, 1887.

Alfred A. Stoneberger, San Francisco ; Medical College of the Pacific, California, Nov. 8, 1881.

Roland Edgar Woodward, San Diego; Medical Department University of Georgetown, D. C., Mar. 3, 1864.

George F. Wright, San Diego; Miami Medical College, Ohio, Feb. 28, 1873.

The names of Theo. Bennett and Garcia de Leon were rejected and their licenses refused on the ground of insufficient credentials. Th. Winslow Anderson, the second alternate, was appointed to fill the place left vacant by Dr. Plummer's resignation.

Signed,

CHAS. E. BLAKE, M. D., *Secretary*.

BOOK REVIEWS.

THE PHYSICIAN'S POCKET DAY-BOOK. Designed by C. HENRI LEONARD, M. A., M. D. Size $7\frac{1}{2}$ inches long, $3\frac{1}{2}$ inches wide and $\frac{3}{8}$ of an inch thick. Bound in red morocco, for the pocket; pencil loop and flap, red edges. Price \$1.00 postpaid. The Illustrated Medical Journal Co., Publishers, Detroit. 1888.

This is the 10th year of issue of this exceedingly popular Day-Book, which contains several new features. Besides accommodating daily charges for thirteen months for fifty families, and the other usual memorandum pages, it has a very complete list of Doses of Old and New Drugs; Poisons and Their Antidotes, Tried Tests for Urinary Deposits, Chemical and Microscopical; Obstetric Calendar; Disinfectants for the Sick-room and Vaults; Tables of weights and Measures; Table of Eruptive Fevers, and Drops in a Drachm of Fluid Medicines.

PHYSICIAN'S INTERPRETER. In Four Languages. Specially arranged for Diagnosis. By M. Von V. F. A. Davis, Publisher, 1231 Filbert street, Philadelphia, Penn. 1888. Price \$1.00.

The author says: "This little book has been written by one who, having had some hospital experience and being frequently called upon to interpret for foreigners, presents it to physicians and students with the hope that it may facilitate their intercourse with the suffering." This unique volume contains a great number of such questions as a physician would be likely to ask a patient. Each question is in English, French, German and Italian. For example: Have you no appetite? N'avez-vous pas d'appetit? Haben sie keinen appetit? Von anete appetito? For the Pacific coast an edition in Spanish also would make the work even more valuable.

THE *Buffalo Medical and Surgical Journal* is out in a charming autumnal dress. The profession of the Empire State can well feel proud of this metropolitan periodical.

Cotton-seed oil for culinary purposes, instead of lard, is now a burning question. A cheap, agreeable, nutritious vegetable oil to supersede the essence of hogs is an object to be longed for.

Several late analyses of Carnrick's Soluble Food have proven its superior character.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION.

Los Angeles, California.

Month of September, 1888.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitation in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN.		
..... 1	*60.0	70.0	93.0	60.0	T	Mean Barometer 29.858
..... 2	*63.0	70.0	92.5	63.0	T	Highest Barometer, 30.03, date 24.
..... 3	*63.0	74.5	96.0	63.0	.00	Lowest Barometer, 29.68, date 10.
..... 4	.....	72.0	96.0	62.0	.00	Monthly Range of Barometer, .35.
..... 5	.....	68.0	85.0	61.5	T	Mean Temperature 68.4
..... 6	.....	66.5	85.6	58.0	.01	Highest Temp'ture, 98.2, date 26th
..... 7	.....	76.0	95.0	57.0	T	Lowest Temperature, 55.0, date 18.
..... 8	.....	69.5	88.8	61.0	T	Monthly Range of Temp. 43.2
..... 9	.....	69.5	92.0	64.5	T	Greatest Daily Range of Temp. 38.0.
..... 10	.....	66.0	86.0	62.0	T	Least Daily Range of Temp. 13.4.
..... 11	.....	65.5	79.0	60.8	.01	Mean Daily Range of Temp. 25.6.
..... 12	.....	66.0	80.0	63.3	.00	Mean Temperature this Month
..... 13	.....	68.5	79.5	64.0	.00	1878..65.6 1882...67.6 1886..65.6
..... 14	.....	70.5	88.5	61.3	T	1879..67.2 1883..71.9 1887..68.2
..... 15	.....	72.0	95.3	62.0	.00	1880..64.5 1884..65.5 1888..68.4
..... 16	.....	78.5	97.2	69.5	.00	1881..67.9 1885..69.5
..... 17	.....	70.5	86.0	65.0	.00	Mean Daily Dew Point, 60.3.
..... 18	.....	63.0	80.0	55.0	.01	Mean Daily Relative Humidity,
..... 19	.....	65.5	80.3	58.5	.00	77.7.
..... 20	.....	64.0	85.0	56.0	T	Prevailing Direction of Wind W.
..... 21	.....	66.5	88.6	58.5	T	Total Movement of Wind, 3518
..... 22	.....	66.5	76.2	62.8	T	miles.
..... 23	.....	66.0	80.3	61.8	T	Highest Velocity of Wind and
..... 24	.....	62.5	79.0	57.0	T	Direction, 23 miles, W.
..... 25	.....	68.5	88.0	59.0	T	Total Precipitation .03.
..... 26	.....	73.5	98.2	64.3	.00	Number Days .01 inches or more
..... 27	.....	68.5	88.0	61.5	T	Rain Fell, 0
..... 28	.....	66.5	81.0	61.5	.00	Total Precipitation (in inches
..... 29	.....	64.5	78.5	59.0	T	and hundredths) this month
..... 30	.....	63.0	81.0	58.2	T	1878.. .00 1882.. T 1886.. .11
..... 31	.....	.....	.....	.....	...	1879.. .00 1883... .00 1887.. .18
						1880.. .00 1884.. T 1888.. .03
						1881.. .00 1885.. .05
						Number of Foggy Days, none.
						" " Clear " 21
						" " Fair " 7
						" " Cloudy " 2
						Dates of Auroras, none.
						Dates of Solar Halos, 30.
						Dates of Lunar Halos, none.
						Dates of Frost Light, none.
						Killing, none.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

The T indicates trace of precipitation.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. III. LOS ANGELES, CAL., DECEMBER, 1888. No. 12.

ORIGINAL.

SOME RECENT ADDITIONS TO OUR MATERIA MEDICA*

BY JOHN L. DAVIS, A. B., M. D., LOS ANGELES.

THE aphorism, *tempora mutantur, et nos mutamur in illis*, is vividly impressive when we consider the field of medicine for the past generation. The observer is startled, and perhaps his faith in drugs is shaken as he realizes the transitoriness of their popularity and boasted merits.

Of all the scores of remedies which forty years have brought to light in a blaze of popularity and vaunted virtues, how few to-day retain their places in our pharmacopeia! A generation's contribution to new remedies of established worth may be counted on the fingers of two hands. A few words will name them—the phenol and naphthol groups, amyl nitrite, cocaine, apomorphine, pancreatin and pepsin, cascara, pilocarpus, physostigma and iodoform. During this period we may safely say ten times this number of drugs were introduced to the profession; many of them loudly vaunted and largely employed; but they were soon forgotten, and to us to-day their very names are strange. They could not stand the test of time—or is it the test of whim and fashion? Their transient glory and early oblivion is due to their being introduced to the profession upon too slight acquaintance. Large clinical experience in their use is too lightly thought of, and they are pushed forward by enthusiastic and prejudiced observers long before investigations are complete; or perhaps oftener, their alleged merits are persistently protected and their employment demanded by mercenary vendors and manufacturers. In other words—Saxon words—many drugs are *boomed*, and their history is the usual history in such cases.

* Read before the Los Angeles County Medical Society, Nov. 2, 1888.

Under these circumstances even a cautious committee would have great difficulty in selecting from the limitless medical field, and bringing to your notice just such new remedies as are bound to have a worthy and permanent place in therapeutics. There is, however, one class of preparations which may justly claim your attention and will certainly reward investigation; I refer to the more recent additions to the phenol and chinolin group of medicines. For several years past this group has constantly supplied us with new and valuable preparations. I need only mention the well known names which belong to this fruitful source: carbolic acid, resorcin, hydroquinone, pyrocatechin, kairin, kairolin, chinolin, anti-pyrin, acetanilide (antifebrin), pyridine, naphthol, naphthaline and others.

Within a year or two the possibilities of the group has been still further illustrated by the introduction of *saccharine* and *salol*.

Saccharine.—This is one of the numerous derivatives of coal tar; it is chemically known as *orthosulphaminbenzoic acid*. Although acid in its chemical reaction it is the sweetest substance in nature, being two hundred and fifty times as sweet as ordinary cane sugar. Saccharine is soluble in two hundred and thirty volumes of warm water, but is precipitated on cooling. Hence it is best to neutralize it by the addition of an equal amount of bicarbonate of soda or other alkali, which renders it readily soluble.

It might be supposed that saccharine, being a coal tar derivative would have antiseptic properties; these were claimed for it first by Mosso and Salkowski, the latter holding that its value as a germicide depends only on its acidity. Limbeck, in his laboratory investigations, found that saccharine ranks next to the mercurial salts in its fungicidal action on the micrococcus urealis. On the other hand, however, practical clinical observation does not fully corroborate experimental researches. Hence we must conclude that thus far the antiseptic properties of saccharine have not been established.

The practical employment of saccharine is perhaps of greatest value as a substitute for sugar in the diet of diabetics. It is recommended by Pollatschek in cases of even transient glycosuria, such as may occur after consuming quantities of certain kinds of sugar; or in consequence of digestive dis-

turbances; or when sugar appears as a result of neuralgias, cachexias, etc.

Saccharine may be of great use in the treatment of obesity where sugar is contra-indicated.

To improve the taste of certain articles of diet saccharine will prove a valuable substitute for sugar; Pavy's almond bread and similar aliments; sour wines, especially the cheap white wines, may be made palatable by the use of this drug. From a hygienic standpoint the use of this compound for fruits, preserves, etc., is suggested, sugar in aqueous solutions being liable to induce the formation of fungi, lactic acid and other fermentations.

Finally, as bearing on the drug under consideration, although not connected at all with its therapy, the following quotation from the *Medical Press and Circular* is interesting:

"The appearance of a substance which, if allowed free play, would probably inflict a damage on the sugar trade, similar to that which followed the invention of artificial indigo on the indigo industry, has not unnaturally excited no small amount of interest and alarm in French agricultural circles.

"Prompted, probably by these considerations, the Central Council of Hygiene nominated a commission of inquiry, of which Dr. Dujardin-Beaumetz was president, to investigate the salubrity or otherwise of saccharine as an article of diet. The report insists upon the fact that saccharine is in no sense a food, and it is urged that this being the case it must be considered and treated as a drug. An attempt is made to throw discredit upon the experiments which have been made to prove the innocuity of saccharine, even in large doses.

"The experiments are alleged not to have the bearing or the importance which has been attached to them, the essential point being as to whether small doses long continued are capable of giving rise to trouble. The commissioners have ventured to assert that small doses do give rise to such trouble, but the reasons upon which the statement is based are feeble, not to say nugatory, and the assertion is certainly disingenuous. The upshot, and doubtless the object, of the report is to the effect that the use of saccharine should be forbidden for other than medicinal purposes, and it is extremely probable that measures will be taken to enforce this very curious decision."

Salol.—Another compound of greater importance is salol; it is a synthetical product and chemically is a salicylate of phenol. Recent years have developed a tendency to drop established remedies belonging to the mineral and vegetable kingdoms, and substitute therefor organic compounds prepared in the laboratory.

I quote the substance of an article of Dr. Eichberg of Cincinnati, reported in the *Lancet-Clinic*, Feb. 25, 1888:

So far as these compounds are possible they possess the supreme advantage of definite composition and certain strength, and hence are always more reliable than vegetable tinctures, extracts, etc.; they are always the result of an inflexible chemical equation. Besides this, these new products are usually much less expensive than the agents whose place they take.

Salol consists of forty per cent of carbolic and sixty per cent of salicylic acid, and is decomposed into its components by the action of the pancreatic ferment. Salol is insoluble in water, but dissolves readily in ether, benzine, alcohol, oils, etc. At a temperature of 110° F. it liquifies, forming a clear oily-looking fluid. The dose is from ten to thirty grains, several times a day—corresponding to the dose of salicylic acid. It will be observed that fifteen grains of salol contains six grains of carbolic acid—an amount which, if given in that form, would certainly be hazardous.

The drug may be administered in the form of a wafer, pill or triturate. It is almost insoluble in water and hence is tasteless; and in the stomach it is said to be equally insoluble; it is, as has been said, acted upon by the pancreatic fluid, and this physiological action is the key to its most valued therapeutic uses. The fact that the powerful and irritating antiseptic, carbolic acid, remains in combination till the small intestine is reached, perhaps explains the non-poisonous action of salol in large doses; the acid is safely carried through the stomach, and at the moment it reaches the intestine it is freed and possesses its greatest antiseptic power.

Salol is eliminated from the body through the kidneys; the urine, however, has all the characteristics of carbolic acid urine. A single dose of ten grains causes the characteristic changes in the urine; and after salol has been administered for some time, the color of the urine will remain dark five

days or more, showing that the drug accumulates in the system and is slowly eliminated.

The elimination of salol through the kidneys points to another use to which the drug may be applied—namely those pathological conditions of the genito-urinary tract in which antiseptis is desirable. Its value is shown by the fact that when introduced into the urine decomposition of this fluid is prevented for several weeks.

The therapy of salol embraces several distinct uses. In the first place the drug is a powerful antiseptic, and is an exceedingly useful germicide, particularly in those morbid processes of the digestive tract which depend upon lowly organized forms of germ-life. Strictly speaking, its action in this class of diseases is to prevent the development of microorganisms rather than to exhibit any decided power in their destruction. In other words, salol produces a condition of true asepsis. Owing to this property it has proved of great value in those cases where the urine undergoes decomposition or becomes alkaline in the body, as in pyelitis cystitis and paralysis of the bladder from whatever cause. In these cases the continued elimination of the constituents of salol through the kidneys keeps the urine fresh and maintains the natural acid reaction; thus leading to cure or, at all events, relief. In intestinal catarrhs, especially those of lenteric origin, and the summer diarrhea of children, salol does perhaps its greatest service.

It is, furthermore, one of our useful remedies in jaundice, in inspissation of bile, catarrh of the bile-ducts and analogous conditions. It is said to render the bile more liquid; hence its utility in disorders which lead to occlusion of the bile-ducts. Not only does salol liquify inspissated bile, but according to Levachoff, it may dissolve even certain bilious calculi.

Salol is an antipyretic, possessing the advantage over its congener, of tastelessness, while producing no gastric disturbance, nor being followed in its action by chilliness, rigors, depression, etc., which are often sequellæ of other phenol preparations.

According to Bartholow, "The first triumphs of salol were won in the treatment of acute rheumatism, excelling, as it apparently does, all other remedies in its power to abate pain

and lessen fever." Ordinarily in two or three days, fever, joint pain and swelling disappear. Muscular rheumatism, too, yields readily to this drug. And in common with other compounds of the group salol has remarkable power in relieving pain due to peripheral neuropathy, locomotor ataxy, sciatica and kindred pathological conditions.

Finally, salol is valuable as a topical application, either in powder or solution. It is an odorless antiseptic and hence may often be employed in surgical diseases as a substitute for iodoform, iodol or ichthyol, to which sometimes objection is reasonably made.

BACILLUS TUBERCULOSIS.*

BY H. N. HALL, PH. G., M. D., PASADENA.

OF late, as you well know, it has been very generally conceded, and with a great deal of reluctance on the part of many, that in all cases of tuberculosis in man is found a fine bacillus presenting the following characteristics: Being about 1-4000 of an inch in length, 1-4 to 1-5 as wide, motionless, rounded at the extremities, and generally appears beaded; clear spots alternating with stained parts containing granular matter, found to be spores—hence phthisical sputum retains its virulence even after being dried. The bacillus is usually straight and generally occurs singly.

Of fungoid growths we have true fungus and cleft fungus or bacteria (schizomycetes), and under this last division we find the bacillus consisting of a protoplasmic body contained within a sheath of cellulose. They multiply by transverse fission and spore formation.

Koch cultivated them artificially outside the body, in a pabulum of gelatin (agar-agar, solidified hydrocele fluid, peptone nurture answering as well), and by carrying on the cultivation for several successive transmissions succeeded in isolating the bacillus and clearing them away from the tuberculous tissues.

The pure bacillus, no matter how many times they had been transferred, and no matter how far removed from their orig-

* Read at the meeting of the Pasadena Medical Society, Oct. 30, 1888.

inal breeding-ground, always produced the characteristic disease when introduced into suitable animals. They require a temperature of from 35° to 40° C., a nitrogenous pabulum and free admission of oxygen for full development; they do not multiply in the atmosphere, are destroyed by boiling, by freezing, and by strong solution of bichloride and carbolic acid, although they resist a 1-1000 bichlor and five per cent carbolic for some time.

Drying does not kill them. They are found in air expired by phthisical patients, though very little is known of their actions outside the body, but are probably carried directly from one person to the other.

The inhalation and inoculation experiments have been so successful—demonstrating as they did the entrance of bacilli into the respiratory and alimentary mucus membranes that many believe firmly that it is of an infective nature, and I am told that in the German hospitals there are separate, isolated wards for phthisical cases.

Infection into the alimentary canal from infected milk or materials is still undecided, though many claim that it is impossible since the bacilli of *bov. tub.* are different from the human bacillus, being much smaller, occurring in groups and being contained within the cell which is seldom ruptured in passage through the intestine, and while rabbits are extremely susceptible to *bov. tub.* in consequence of inoculation or feeding, and while they develop rapidly a general tuberculosis, they are less susceptible to human bacilli—the disease taking a slower course, involving fewer organs and these to a lesser degree. It is a well established fact that *bov. tub.* may be transmitted to pigs, cattle, sheep, monkeys, etc., by ingestion, but it is *not* experimentally proven that a person can contract human tuberculosis from feeding on milk or flesh of tuberculous animals. However, we are cautioned by the French Medical Congress which recently met at Paris, that inasmuch as there was considerable doubt on the subject, and as it was proven that although animals fed on the tuberculous milk or flesh did not always contract the disease, that those fed on the nodules *did*; they would advise especial care in selecting materials furnished invalids, and that meat, instead of being overdone, should be thoroughly cooked, being subjected to a sufficiently high temperature to kill the bacilli; again, the

drinking of blood which has been so promiscuously prescribed was strenuously prohibited.

Whatever may be its mode of entrance, we know that a predisposition is necessary, and in the scrofulous person we find a most fertile field for the propagation and cultivation of the bacilli.

In a scrofulous person we find a disposition to chronic inflammation, the lymphatic apparatus seems to be at fault, and we have the well known characteristics: pale, delicate, yellowish transparent skin, small flabby muscles and poorly developed limbs. This, in a person descending from phthisical parents, gives us a perfect picture of scrofula, which is a tendency rather than a disease.

In the non-scrofulous the seat of an acute inflammation is solely in the connective tissue with its pertaining lymph-spaces and blood-vessels. Under the microscope the lymph-spaces of the affected area are seen filled with cells; often they are enormously distended by them, so that the whole appears like a sponge soaked with a corpuscular liquid. They do not stay here long; either leave the tissue giving *resolution* or die together, giving *suppuration* and consequent loss of substance. In either case it is the office of the lymph-spaces to relieve a part of the exudate, and they are the means which promptly and in due time effect the carrying off of the mischievous and intruding cells, thus accomplishing the return of the tissue to the normal state. This will only occur, however, if and as long as the lymph-spaces are not obstructed and will allow the free intercommunication of serum between the blood-vessels and the lymphatics, which is so essential to the well-being of the organism.

If, on the other hand, a part in a scrofulous subject or animal becomes the seat of inflammation, the termination of the latter will be entirely different. The connective tissue is here at fault; its lymph-spaces, which are narrow and obliterated, do not permit the reabsorption of the exudate, and the tissues of the affected area suffer under the voluminous pressure of the imprisoned cells, which form a permanent lymphoid infiltrate, the tubercle granulation. This dies, *i. e.*, undergoes cheesy degeneration; the cheesy mass thus formed may become encapsulated by inflammatory overgrowth of connective tissue, and frequently this is the case. In rabbits the ar-

rest of a tuberculous disease by the above process may be very prettily studied; ultimately, however, the animal succumbs to tuberculosis when the inflammatory process is renewed and extends to surrounding parts. Having entered the tissue the bacillus, either at the spot of entry or at some other part, to which it has been carried by the lymphatics or blood stream, may develop and excite inflammation, or perchance it may not find a place in which it can live, and dies. Many people are almost constantly exposed to infection through the lungs and yet do not acquire the disease, and we do not know whether in these cases the organism cannot enter, or enters but cannot live; the latter seems the more plausible; nothing, however, is more certain than that a predisposition is as necessary for the production of a tuberculous process as is the cause.

As I said previously, an inflammation in a non-scrofulous individual generally gets well; in a scrofulous person generally terminates differently. Take a bronchitis in a normal person, the termination is generally favorable, the catarrhal exudate being expectorated, or it may lead to emphysema; a scrofulous individual does not have the strength to expectorate all the remnants of the catarrhal exudate; the apices of the lungs have very little motion in these persons, in consequence of which the catarrhal plugs will remain there even if the rest of the lung is cleared of them.

This catarrhal plug lays in the infundibulum, undergoes cheesy change and by friction and irritation starts up an inflammation around the infundibulum, resulting in the "tubercle granulum"; these together with the cheesy plug within the infundibulum form the "Laennec tubercle"; a number of these located in the apex and exciting a catarrhal process there brings about incipient phthisis, and this is the starting point for acute and chronic phthisis, both of which you are all so familiar with; the acute running from one to six months and always fatal. The process starting from the incipient foci peripherally or centrifugally to the air-vessels, and rapidly spreads over the whole lung, which is swollen and cheesy hepatized; riddled with tubercle granulations (the catarrhal products added) and eventually through softening several small cavities form. In chronic phthisis the inflammation process from the "Laennec tubercle" spreads inward along

the course of the smaller bronchi, creates tubercle granulations which corrode the veins and arteries and eventually gives us through these erosions the hemorrhages which we so much dread, and which sooner or later are so suddenly fatal at an apparently healthy period in a man's existence.

The bacilli which I show you are stained by using gentian violet, vesuvine, nitric acid and alcohol. The bacilli assume a violet color, and all other bacteria, saving those of lupus and leprosy, assume a brown color on immersion in vesuvine.

In closing, gentlemen, I would say that it was with much misgiving, and only as an introduction to the slides, that I undertook to make these few remarks on the bacillus. I was very sorry that some more able man than myself might not have read a paper which would have aroused some enthusiasm and interest in our infant society, which I trust may grow rapidly, binding us together socially and scientifically, that being so united we may work to elevate the profession here to that noble position it occupies in larger places. We must remember that we are entrusted with a great deal, both by God and man, that the most noble of callings is placed in our hands, and hence we should do all in our power to fulfill honestly these obligations with which we are entrusted, rather than converting them into money schemes, or placing ourselves on a level with quacks as so many good men do in this country. Let us rather do as our alma maters have taught us. Not allowing any petty jealousy to lead us to speak ill of a fellow practitioner, but doing as we would be done by, leading perfectly honorable lives that everybody may respect the profession. We must remember that we are still in the United States, that our patients are mostly Eastern people imbued with Eastern ideas, and why, brethren, should we in any way depart from our code of ethics, and I move that the code of ethics of the American Medical Association be adopted and enforced by this Society, as it is by all others.

THE only fat villain in fiction is Count Fosco in "The Woman in White." According to Wilkie Collins, his creator, the Count was an agglomeration, and was made fat because a lady remarked to him that no novelist could make a really life-like fat villain.

CLINICAL REPORTS.

ANTISEPTIC PRECAUTIONS EMPLOYED IN PROFESSOR KARL BRAUN'S OPERATING-ROOM AND OBSTETRICAL WARDS.

BY H. BERT ELLIS, A. B., M. D.

THE floor of the operating-room, for a distance of ten feet all around the operating table, is tiled; this is washed with antiseptic solutions daily. The benches, walls and floor are painted, as well as all other wood-work in the room, and these are washed each week. The frame work of the operating table is made of iron and is painted; the rests for the head and back are covered with rubber cloth, while the operating portion is mounted with heavy plate glass. The tables for instruments, and the wash-stands, are made of wood and covered with heavy glass.

Physicians and students who are taking operative courses on the cadaver, or who are doing any pathological work, are not supposed to attend his operations, although it is frequently done; but as the spectators are fenced off from the operating portion of the room, the authorities are not very strict as to what work a man is doing.

For half or three-quarters of an hour before a laparotomy, the spray with a two per cent solution of carbolic acid is used over and about the operating table, but before the operation is commenced it is discontinued.

The operator and assistants, before an operation, bathe the whole body with soap and water, and then the arms, neck, face, beard and hair with a 1:2000 corrosive sublimate solution. They wear at the operation close-fitting linen coats which reach nearly to the floor, and have their arms bared to the elbows. After an operation the instruments used are cleaned when soiled, and before they are again employed they are placed in a thymol solution 1:1000.

At time of operating, the patient's abdomen is first thoroughly scrubbed with soap and water, then washed with sublimate solution 1:4000. Then the position for operating having been selected, the other portion of the body surroundings are covered with linen towles wrung out of either

Hot sublimate solution 1:4000, or
Hot thymol " 1:1000,

and these are covered with a perforated piece of gauze wrung out of the same solution.

Prof. Braun does not use sponges for mopping up blood and secretions, but instead he uses gauze sewn into cone-shaped bundles five inches long by three inches in diameter, which are wrung out of hot sublimate solution.

If a man is pursuing a course with Prof. Braun and takes the regular hospital work, then on entering the wards he must first scrub his arms and hands with soap and water, rinse them in a permanganate of potassium solution, dip them into a solution of salt and water, and finally rinse them in a sublimate solution 1:2000 before he can make any examinations. With these precautions one may make an external examination of each woman in the labor ward; but a man may only examine one woman per vaginam and her only once each hour; however, before each and every vaginal examination, it is necessary to go through the above antiseptic process.

It has been interesting to note the anæsthetics in use in Europe. In Germany I saw nothing used except chloroform. Here in Vienna there are several mixtures in use. Prof. Karl Braun uses a mixture composed of

Chloroform 3 parts, ether, alcohol ää 1 part.

Prof. Rokitauský thinks he obtains the best effect from the mixtures composed of

Chloroform, ether, alcohol, each 1 part.

A few days ago I witnessed Prof. Braun perform an interesting operation.

Case: Girl, æt. 17, was brought to the clinic, pregnant in the sixth month, but from some unknown cause the child had died twenty-four hours previously, and the mother already had considerable fever, with a very fetid discharge. The os was dilated to the size of a dollar, and the head was presenting.

Craniotomy was decided upon as the best method of treatment. An anæsthetic was administered and a vaginal douche given of warm thymol solution 1:1000. Then Prof. Braun entered the inter-uterine trephine and removed a piece of one of the parietal bones. On removing the trephine he broke up the soft membranes with his finger, put in a one-half inch tube and forcing a stream of water and through it washed

out the brains. The cranioclast was now applied and the child forcibly delivered, the cord was tied, and after waiting a quarter of an hour the placenta was expelled by Créde's method, and the uterus washed out with hot 1:1000 thymol solution.

The day following her temperature was lower, and on the second day it was normal.

HOT-AIR INHALATIONS IN PHTHISIS.

Two German observers, or, to speak more correctly, two observers in Germany, have, independently of one another, been engaged in investigations on the bactericidal property of heated dry air, and on the methods of utilizing this property for the practical treatment of phthysical patients.

Dr. Weigert, who appears to be an American living in Berlin, finding that tubercle bacilli outside the body die at a temperature of 41°C., and are adversely affected by one of 38°, had constructed an apparatus for the inhalation of heated air, and commenced to make trials on phthysical patients in the early stage recommended to him by other medical men, he himself not being in practice. At first a temperature of from 40° to 60°C. was employed, the air for inhalation being quite dry. This temperature was gradually raised as high as 80°C. The patients bore this hot dry air exceedingly well, and continued to inhale it for three or four hours a day during a month, the only unpleasant effects produced being hyperemia and dryness of the mucus membrane. The general effects are represented as having been remarkable, patients who had been falling away picking up strength and becoming quite robust, the physical examination showing at the same time that the dulness and râles had perceptibly decreased. The bacilli in the sputum, which had been very numerous, rapidly diminished in number, and finally disappeared altogether. These observations were confirmed by several other medical men. Dr. Halter, of Lengerich, Westphalia, seems to have gone even further than Dr. Weigert, he having himself inhaled, and caused patients to also inhale, dry air heated to 190°C., with satisfactory results.—*Lancet*.

SELECTED.

SANITARY CONDITION OF STOCKTON.

STOCKTON, CAL., September 6, 1888.

EDITOR SOUTHERN PRACTITIONER: Your position as Secretary of the Board of Health of the Commonwealth of Tennessee, makes, no doubt, items in other localities than Tennessee on sanitary matters of interest to you. Stockton, a city of sixteen thousand inhabitants, is one of the healthiest cities in the State; in fact, there are but few places in the United States whose death rate is lower. For several years I was Health Officer and Secretary of the Board of Health, during which time the death rate ranged from seven to twelve per thousand, never higher than fifteen. This immunity from epidemics and fatal diseases is certainly not owing to our superior sanitary system, for we really have no system at all. The streets of our city are filled in, and but a few feet above tide-water and but a few feet above high water-mark. Owing to the level condition of the city there is but little drainage or sewerage. Four feet fall is all the city has in a distance of four miles. With the exception of the hotels and public buildings the city has no drainage. Private residences simply have cesspools and privies. These are usually emptied once a year. The city is planted with elm trees from one end to the other on both sides of every street, except the business portion of town. The trees are now as high as the houses and hide them completely. Viewing the town from a distance you see nothing but a clump of green trees, with here and there a spire or church steeple shooting above their tops. The city is watered from three artesian wells outside its limits, which is conveyed in pipes to all parts of the city. This water is seldom used for drinking or culinary purposes. It seems to be without life, warm and tasteless. Every house has its own well sunk sixty feet into a bed of sand and gravel. This water is clear, cool and pleasant, for it comes from the melting snows of the Sierras. This stratum of gravel and sand lies under the whole of the San Joaquin and Sacramento Valleys at a distance from twenty or sixty feet. We are just now becoming alarmed lest sipeage from the cesspools and privies reach the sand sub-

stratum and impregnate our drinking water with disease germs. But the difficulty in the way is to find an outlet to the sewage, owing to the level condition of the city and being so little above the water-mark. Our healthy condition at present is owing to the purity of our drinking-water and the fresh, pure air from the Pacific. The air is so dry that it cannot breed disease germs. I do not think that cholera or yellow fever could prevail in this climate to any extent.

Yours truly,

—*Southern Practitioner.*

S. P. CRAWFORD, M. D.

CLIMATE AND BRIGHT'S DISEASE.

DR. J. C. WILSON, of Philadelphia, in concluding an address, reported in the *Medical and Surgical Reporter*, on this subject before the American Climatological Association, said :

"The bright warm sun and dry invigorating air favor the action of the skin and of the bronchial mucus membrane; the patient is able to be much in the open air and thus the respiratory, the digestive and the secretory functions are all assisted and promoted. I have seen some most remarkable recoveries effected under the influence of a long voyage after other means had failed to effect a cure.

"The climate treatment of Bright's disease seems to have been strangely overlooked by teachers of influence and authority.

"The most desirable climates are those which combine the attributes of evenness, dryness, and warmth, with a mean range of temperature between 60° and 65°. On the North American continent a number of stations in the southern interior meet these indications. Among these are Thomasville and Tallahassee. The stations in the interior and on the Gulf coast of Florida are well suited to this class of patients. Southern California has several suitable stations. Nassau and Bermuda are also to be recommended. The stations on the Mediterranean coast offer especial advantages as winter resorts for patients suffering from chronic Bright's disease, while Algiers, Cairo, and the Cape of Good Hope are also favorably spoken of.

"This paper would have occupied your considerate attention to little purpose, however, had it contained nothing beyond the familiar facts already mentioned. In availing ourselves of the advantages of the climate treatment of Bright's disease, we must not overlook the dangers of abrupt changes of climate and of the vicissitudes of travel in patients in whom the dis-

ease has already made some progress. It is with the view of eliciting discussion and obtaining the results of the experience of my colleagues in this Association that I submit certain conclusions drawn from my own experience; and, with the view of saving time, I venture to embody them in the form of the following propositions:

"1. The best of climate treatment in Bright's disease, as in phthisis, are obtained in the early stages of the affection, and by continuous residence. After the general health has become seriously impaired, an amelioration of the symptoms is all that can be hoped for. Alternations of climate, especially those necessitating long and fatiguing journeys by rail are attended with the danger of uræmia.

"2. High altitude climates, even when presenting the conditions otherwise favorable, are unsuitable for this class of patients. Uræmic attacks and cardiac failure not infrequently shortly follow change of residence from low to high altitudes—differences of three thousand feet or more.

"3. The conditions of North Atlantic steamship travel are often highly unfavorable to those suffering from advanced Bright's disease; especially is severe and prolonged sea-sickness liable, in these cases, to terminate in fatal uræmia."

TEMPERANCE AND LIFE INSURANCE.—The forty-seventh annual report of the United Kingdom Temperance and General Provident Institution of London, a life insurance company with a general and a temperance section, reports the mortality on whole life policies to have been as follows; viz., "Expected claims in the temperance section, 282 for £67,547; the actual was for 219 for £66,600. In the general section 359 were expected for £82,275; the actual have been 363 for £82,705." It will be seen that there were 63 fewer deaths than were expected in the temperance section, and four more than were expected in the other.

Ichthyol four drachms, fresh lard two to three ounces, rubbed in freely, is very beneficial in enlarged glands, erysipelatous skin and in the swollen and stiffened joints of a convalescing case of acute rheumatism. Two to five drops encapsuled internally is said to surpass the salicylates in inflammatory rheumatism.—*University Med. Mag.*

Ten grains of salicylate of soda every half hour, for three or four doses, is said to be a sure cure for toothache.

THE WAY TO RAISE THE EPIGLOTTIS.*

AFTER giving his experiments upon the cadaver, upon which he shows that by traction upon the tongue the epiglottis cannot be raised, he states: "That the essential condition of life—an open glottis—may, in whatever extremity, be surely maintained, there is a distinct mechanism, superficial, always available, so that, . . . by the effort on another person, the fallen epiglottis may be instantly, surely and completely elevated. The central part of this mechanism is the body of the os hyoides. This is the central link of a three-linked chain. By the lower link, the hyo-epiglottic ligament, the body of the freely moveable hyoid bone, is attached to the freely moveable epiglottis below; while the upper link, consisting of three pairs of muscles, the genio-hyoidei, mylo-hyoidei and the anterior bodies of the digastrici proceeding from the body of the hyoid bone, are attached to the inferior maxilla above." "It follows that if the head be extended but a certain distance the chain in question becomes straightened and tense. Beyond this point, however slight the additional extension may be, the epiglottis is raised in unison. Continue the extension sufficiently, and the epiglottis becomes instantly, completely, inevitably erect."

"Having, by bringing the patient to the edge of the bed, or by elevating the chest, provided that the head may swing quite free, *with one hand under the chin and the other on the vertex, steadily but firmly carry the head backward and downward. The neck will share the motion, which must be continued until the utmost possible extension of both head and neck is obtained.* Not until after the skin from the symphysis to the sternum is quite tense do the relaxed muscles in question beneath it become tense at all. These being tense, from this point the elevation of the epiglottis begins. In a 'nutshell,' make the line of skin from the chin to the sternum as straight as can be made, and the complete elevation of the epiglottis is assured. It is always better to make the extension rather more than less than appears to be necessary."

In conclusion he submits the following as facts proved:

* Extract from a paper by Benjamin Howard, A. M., M. D., Professor of Surgery Long Island College Hospital, in the British Medical Journal, Nov. 17, 1888. Condensed by W. D. Babcock, A. M., M. D.

1. That contrary to universal belief traction of the tongue cannot raise the epiglottis.

2. By sufficient extension of the head and neck, whether in the healthy, the dying or the dead, the epiglottis is instantly and beyond prevention made completely erect.

3. By complete extension of the head and neck the tongue and velum are as respiratory obstructions, simultaneously with the epiglottis, removed; and without a moment's delay the entire air-way can be straightened, enlarged and made free throughout by the nearest person.

4. If syncope happens to be the chief factor or only incidental factor, this also gets thus the quickest and best corrective.

A full reading of the article is commended to all.

EFFECT OF ERGOT ON THE INVOLUTION OF THE UTERUS.

SOME experiments have recently been made by Drs. Herman and O. C. Fowler, and reported to the Obstetrical Society of London, by which the authors sought to ascertain the effect of prolonged administration of ergot on the involution of the puerperal uterus. To determine whether the medicine had any action or not, they gave an ergot mixture to one set of patients, fifty-eight in number, in repeated doses daily for a fortnight after labor. To another set, sixty-eight in number, only a single dose of ergot was given after labor and no more. In both sets of patients they measured the height of the uterus above the pubes on successive days of the lying-in period. They found that in the cases treated by the continuous administration of ergot the uterus diminished in size more rapidly than in those in which one dose only was given. They compared the two sets of cases as to the duration of the lochial discharge, but on this they did not find that the ergot treatment produced any appreciable effect.

At the same meeting Dr. Bloxall referred to two sets of cases occurring in his Lying-in Hospital, each having to do with one hundred patients. Every alternate patient admitted to the hospital was given a mixture three times a day containing fifteen minims of liquid extract of ergot. This was

kept up during the last three days of the lying-in. The two series of observations were carried on simultaneously. In the second series the routine administration of the ergot was omitted. By contrasting the two series of cases, Dr. Bloxall concludes that the practice of giving ergot during the three days following delivery tends to prevent the formation of clots, and to hasten their expulsion, and to diminish the frequency, intensity and duration of the after-pains. That if omitted at first, but given afterward, the ergot mixture tends to promote the expulsion of the clots and relieve after-pains.

Dr. Dakin at the same meeting reported some observations which seemed contradictory to the conclusions at which Drs. Herman, Fowler and Bloxall had arrived, and claimed that the results of his studies went to show that the continuous use of ergot, by keeping up a tonic state of contraction instead of allowing normal alternate contraction and relaxation, would favor retention of clots, and hinder rather than help the normal process of involution.—*Boston Med. and Surg. Jour.*

SANDAL-WOOD OIL IN GONORRHEA.

At a recent meeting of the Berlin Medical Society Dr. Posner spoke highly of sandal-wood oil, which has such a reputation in France. He has used it much because he has become convinced that injections, although they work very well in some stages of gonorrhea, still are not well supported by many patients, and may indeed act injuriously. From the speaker's observations he believes that many gonorrheas which would get well of themselves under a suitable regime are often kept up artificially by injections. He had used the sandal-wood oil in fresh cases, and could state from his own observations, that under all circumstances it exerted a better influence on the disease than copaiba or any other oleo-resinous balsams. In those complications of gonorrhea in which we have to cease injections on account of epididymitis, cystitis, prostatitis, etc., this drug is greatly to be recommended. Dr. Posner had repeatedly observed cases of acute catarrh of the bladder, with bloody or turbid urine, improve considerably and the urine become clear after a few doses of the sandal-wood oil. In old cases of cystitis and prostatitis it was also

beneficial and always acted favorably in tenesmus of the bladder and cleared up the urine. In chronic gonorrhea less stress was laid upon its beneficial action, but much depended on the purity of the sandal oil, many qualities of which are found in commerce. The best form he had used was the French preparation known as "santal midy" put up in elegant little capsules which were easily taken and well supported. The patient took daily from ten to twelve of these capsules, each of which contains five drops of pure sandal oil. The German oil in capsules did not agree with the patient; a little hydrochloric acid might be added to the doses, and to improve its taste a few drops of oil of peppermint.

Altogether, according to the speaker's idea, pure sandalwood oil was the most efficacious internal remedy at our disposal.

These remarks were confirmed by Drs. Casper and Lubinsky who had found it most successful.

WHY KOUMISS IS RETAINED.

No suggestion has hitherto been offered which explains the retention of fermented milk or koumiss by the stomach when all other nourishment has been rejected. The following rough experiments may, perhaps, throw some light on the subject, which, at all events, deserves more attention than it has yet received.

It is, of course, well known that if milk, to which a few grains of pepsin and a few drops of hydrochloric acid have been added, be gently warmed, coagulation takes place immediately, the casein or cheese separating in a more or less solid condition, a similar coagulation probably taking place whenever milk is acted upon by the gastric juice of the stomach. To render milk more digestible, lime water or aerated water is often added in various proportions. Dilute, therefore, a portion of milk with a fourth part of aerated water and add a few grains of pepsin, when it will be found that coagulation will take place almost as quickly as in a mixture of milk and water; but the condition of the two precipitates will differ somewhat, the casein separated in the presence of carbonic acid water being in a finer state of division and therefore more

readily digested. If, however, lime water be substituted for the aerated water, the effect is far more decided, coagulation being delayed for some time, and the precipitate, when it at length falls, being, as in the previous case, very finely divided.

Koumiss or fermented milk, when freshly prepared, effervesces but slightly and resembles ordinary milk; but as the fermentation proceeds, lactic acid is formed, coagulation takes place, and the thick liquid becomes charged with carbonic acid. If, at this stage, two or three ounces be drawn off by a syphon tap, and gently warmed with stirring to drive off excess of gas, there will result a thick acid fluid, thicker than milk, though an equally good emulsion; and, coagulation having already taken place in the bottle, the addition of pepsin (which dissolves more readily than in the previous experiments) causes no further precipitation, the casein being in an almost gelatinous condition. It seems probable, therefore, that the indigestion and nausea so often produced in cases where a milk diet is desirable, are the result of the coagulation of the milk, a coagulation which may be delayed by the addition of alkalis; and it is further probable that Koumiss is retained by the stomach in preference to milk for the following reasons: (1) That coagulation has already taken place; (2) that the precipitated casein, the nourishing constituent, is in a very fine, almost gelatinous condition; (3) that carbonic acid is present in the free state and exerts a sedative action; and (4) that free lactic acid still further stimulates and aids digestion.—*Phar. Jour. and Trans.*

A GLOSSARY OF MICROBES.

MR. W. HAMLET gives the following classification of the microbes (microscopic organism of fermentation and disease):

1. Microbes which appear as points are called *monads*, *monera* or *micrococci*. They are motionless, and may be regarded as the spores of other microbes.
2. Motionless linear microbes—the *bacteridians* and the *bacilli*. To them belongs *bacillus anthracis*.
3. Cylindrical mobile microbes, having rounded ends or contracted in the middle so as to form an 8, are the *bacteria* proper. Among them is *bacterium termo* of putrefac-

tion, the commonest of all. 4. Flexuous mobile microbes. They look and act like eels, and differ but little from the equally active bacteria. They are the *vibrios*. 5. Spiral microbes, resembling a cork-screw and mobile; *spirilla spirochetae*. Their presence in human blood appears to be connected with intermittent fever. 6. Microbes with heads, very active, having globules larger and more refractive than the rest of the body at one or both ends. These globules are apparently spores ready to be detached from a bacterium—*bacterium capitatum*. Besides these six principal states, the microbes form agglomerations or colonies that often notably changed the aspect of the elementary cells, and which have received various names. Agglomerations in microscopic masses, surrounded by a jelly that sticks them together and deprives them of motion, are called *zooglæa*. A non-gelatinous membrane formed of motionless bacteria is *micoderma*. Bacteria attached end to end in a string form filaments of *leptothrix*. A number of spherical micrococci joined one after another form the string of round grains called a *torula*. A considerable number of species may be included in each of these divisions; and there does not appear at present any way to distinguish by sight a disease-producing bacterium from a harmless one.—*Pacific Record*.

At a recent meeting of the San Francisco County Medical Society Dr. Albert Abrams read a paper upon "The Pneumatic Cabinet in the Treatment of Pleuritic Adhesions and Incipient Phthisis." In the discussion that followed Dr. Whittell said that the cabinet seemed to offer many of the advantages associated with a change of altitude. Dr. Sherman said the method could not be compared to change in altitude, as in the latter there was not any change in the relation between the external and internal pressure.—*Pacific Medical and Surgical Journal*.

This is all owing to the kind of cabinet referred to. If a Tabarie cabinet, the variety recommended by Dr. Andrew H. Smith of New York, then Dr. Whittell is correct.

A "sure cure" for styne is fifteen grains boric acid to an ounce of water applied with brush three times daily.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

SOUTHERN CALIFORNIA MEDICAL SOCIETY.

EVERY physician in attendance at the second session of this society, which was held in the city of San Bernardino on Wednesday the 5th of December, was well satisfied with the work.

The papers were, without exception, excellent. The one by Dr. Joseph Kurtz, on Abdominal Surgery, referring especially to laparotomies in gunshot and incised wounds, evinced great

research and extensive experience, and, although quite lengthy, was listened to with intense interest throughout. Dr. J. L. Davis' paper on the Therapeutics of Diet called attention to some valuable points. Dr. Shugart read a brief and pleasant paper, containing good advice, which every doctor present thought his neighbor should heed. Dr. D. C. Barber's scholarly paper on the Use of the Microscrope evoked a spirited discussion; but the paper by Dr. Haynes, on Intra-uterine Irrigation, brought out the combative elements of the meeting and the debate waxed long and warm. The Report of a Case of Extra-uterine Pregnancy, by Dr. D. B. Van Slyck, was very remarkable. The child was delivered through the rectum. Dr. Van Slyck is a scholarly gentleman and we shall look forward with pleasant anticipations for his report as chairman of the committee on obstetrics at the June meeting in San Diego.

Dr. Dunsmoor of Minneapolis, Minnesota; Dr. Goodfellow of Tombstone, Arizona, and Dr. Bates of the Sierra Madre Sanatorium were visitors and, on invitation, added greatly to the interest of the meeting by participating in the discussions.

There were present Drs. Spoor, Shibley, Baylis, Phelan and a number of other young members who did not enter the arena of debate with the older members, but in whom we see good material for the future sessions of the society. Dr. Price, the president, dispatched business as though he had long held the gavel and there were no delays permitted. We shall publish in the January issue of the SOUTHERN CALIFORNIA PRACTITIONER all the papers read at this meeting.

EDITORIAL NOTES.

THE medical Department of the University of California (San Francisco) graduated a class of eleven—nine males and two females—at the Metropolitan Temple, Friday evening, November 16.

On the evening of the 20th of November the College of Pharmacy of the same University graduated a class of eighteen males. This school of pharmacy owes its success in a great measure to Professor Runyan, its accomplished Dean.

Papine is recommended by Dr. Merz of Cleveland as a substitute for morphine and opium.

The advertisement of the Harvard Medical College contains the names of seventy-one instructors.

Dr. G. L. Tyrrell has been superseded as Secretary of the State Board of Health, by Dr. J. R. Laine.

Cooper Medical College graduated a class of fourteen—two females and twelve males—on the evening of November 13.

Dr. Henry B. Sands, the noted New York surgeon, died from apoplexy Sunday, November 18, while on his way home from church.

Lilly's Handbook of Pharmacy and Therapeutics is a useful compendium and will be sent gratuitously to any addressing Eli Lilly & Co., Indianapolis, Ind.

A Los Angeles physician was recently asked by a patient, "Doctor, is it secondary or territory?" As the man had just come from Arizona the doctor told him it was territory.

Drs. Ellis and Bullard of Los Angeles, who are attending the hospitals of Vienna, will spend the holidays in Italy. Vienna autumn weather they find very disagreeable, cold, wet, piercing wind, and frequent snows that fall and soon melt.

LOS ANGELES COUNTY MEDICAL SOCIETY—NEW OFFICERS. At the regular monthly meeting, December 7, the following officers were elected for 1889: President, Dr. W. L. Wills; Vice President, Dr. J. H. Davisson; Secretary, Dr. W. D. Babcock; Treasurer, Dr. T. J. McCarty.

REPORTS OF SOCIETIES.

* SOUTHERN CALIFORNIA MEDICAL SOCIETY, SECOND SEMI-ANNUAL SESSION.

THE Southern California Medical Society met in A. O. U. W. hall, San Bernardino, at 1.30 P. M., Wednesday, December 5, and was called to order by Dr. F. M. Price of Colton, with Dr. D. C. Barber, of Los Angeles, as secretary. The following new members were elected: Drs. Nettie Bennett, J. H. Hurley, A. E. Phelan, G. B. Rowell, H. J. W. Hazlett, J. W. Baylis

* A full report of the proceedings, together with all the papers read, will appear in the January issue of this journal.

and H. Guthrie, of San Bernardino; J. L. Shibley, C. A. Weagant, G. A. Sprecker and G. L. Hutchinson, of Colton; J. F. T. Jenkins, F. K. Ainsworth, Fannie E. Williams, of Riverside; John R. Haynes, Los Angeles; D. B. Van Slyck, Pasadena; Wm. L. Spoor, J. S. Riggs, Redlands; C. A. Sanborn, C. D. Watson, Elswood Chaffee, Ontario.

Dr. K. D. Shugart, chairman of the committee on general medicine, read a paper entitled "Some of the Elements of a Successful Physician."

Dr. Fannie Williams spoke on "The Necessity of Courage."

Dr. D. C. Barber, of Los Angeles, read a paper entitled "The Microscope as an Aid in Diagnosis."

Dr. Joseph Kurtz, of Los Angeles, read a paper on "Abdominal Surgery."

Dr. Goodfellow, of Arizona, gave the Society his experience in handling gunshot wounds.

Dr. Dunsmoor spoke of the difficulty in finding wounds of the intestines.

Dr. Hazlett made some interesting remarks on the course of bullets.

Dr. Davis read a paper on "The Therapeutics of Diet," which was favorably commented on in the ensuing discussion. The Society adjourned for the evening session.

At 7.30 the evening session was begun. It was voted unanimously to hold the next meeting in the city of San Diego, the first Wednesday of June, 1889.

The following were then elected a committee of arrangements: W. N. Smart, chairman; J. R. Doig, C. C. Valle and T. A. Davis, all of San Diego.

The following committees were also appointed to report at the San Diego session:

General Medicine—R. B. Davy, chairman, San Diego; Henry Worthington, Los Angeles; and A. C. Rogers, Bakersfield.

Therapeutics and Materia Medica—G. L. Hutchinson, chairman, Colton; J. M. Radebaugh, Pasadena; W. L. Spoor, Redlands.

Surgery, General and Special—F. K. Ainsworth, chairman, Riverside; G. W. Lasher, Los Angeles; W. L. McAllister, Pasadena.

Obstetrics—D. B. Van Slyck, chairman, Pasadena; Fannie E. Williams, Riverside; G. L. Cole, Los Angeles.

Gynecology — John R. Haynes, chairman, Los Angeles; A. E. Phelan, San Diego; C. C. Valle, San Diego.

Diseases of the Mind and Nervous System—H. G. Brainerd, chairman, Los Angeles; Wesley Thompson, San Bernardino, W. B. Sawyer, Riverside.

Ophthalmology—W. D. Babcock, chairman, Los Angeles; W. N. Smart, San Diego; W. W. Murphy, Los Angeles.

Skin and Venereal Diseases—D. G. McGowan, chairman, Los Angeles; I. W. Hazlett, San Bernardino; W. H. Dukeman, Los Angeles.

Dr. Nettie Bennett read an interesting paper welcoming the physicians from abroad.

Dr. Lindley read a paper on "Hydramnion," which was discussed by Drs. Hurley, Kurtz, Dunsmoor and Hazlett.

Dr. Haynes read a paper on "Intra-uterine Irrigation," which caused a long, spicy and interesting discussion that was participated by almost all the members of the Society present.

The last paper was on "Extra-uterine Pregnancy," by Dr. Van Slyck, and held closely the attention of the meeting although read at about 11 o'clock at night.

On motion of Dr. Kurtz a vote of thanks was tendered the president, Dr. Price, and the committee of arrangements. The president then declared the meeting adjourned.

CORRESPONDENCE.

A SOUTHERN CALIFORNIA RECEIVING HOSPITAL FOR THE INSANE. GOVERNOR MANSFIELD'S OPINION.

LOS ANGELES, CAL., October 29, 1888.

EDITOR OF PRACTITIONER: *Dear Sir*—I read, with much interest, in the last number of the PRACTITIONER, your suggestion to establish at or near Los Angeles a place for the temporary treatment of the alleged insane. The idea is entirely practicable, and can be forcibly urged upon economic and humanitarian grounds.

From the great range in degrees and phases of insanity, I take it to be not always clear, even to an experienced physician, to say whether a case under consideration is such as to warrant him in pronouncing it hopeless—followed by the necessary judicial order for immurement—possibly for life. While, on the other hand, gentle temporary restraint with

careful treatment may save to friends and society a loved and valued member.

There are many reasons why the summary judgment called for after a judicial examination should be suspended rather than order the poor patient to submit to the rack and confusion of five hundred miles of railroad travel to an asylum, which would complete the overthrow of a brain already phrenzied by far gentler surroundings.

I hope you will continue the agitation of the subject till followed by fruitful results. Yours respectfully,

JNO. MANSFIELD.

NEW LICENTIATES.

SAN FRANCISCO, CAL., November 8, 1888.

At the regular meeting of the Board of Examiners held November 7, 1888, the following physicians were granted certificates to practice medicine in this State:

John K. Bartlett, Berkeley; Medical Department Yale College, New Haven, Conn., January 21, 1841.

Manuel Carranza, San Francisco; Board of Public Instruction of Guatemala, Central America, August 2, 1888

Edward S. Clark, San Francisco; Hospital College of Medicine, Louisville, Ky., February 26, 1880.

Chester E. Coulter, Los Angeles; Medical Department University of Michigan, Michigan, June 28, 1883.

Henson H. Cross, Los Angeles; College of Physicians and Surgeons, Keokuk, Iowa, February 27, 1883.

Wm. L. Cuthbert, Long Beach; Rush Medical College, Illinois, February 4, 1862.

Cyrus R. Dixon, Whittier; Medical College of Indiana, Indiana, March 3, 1881.

Chas. W. Doyle, San Francisco; University of Aberdeen, Scotland, August 4, 1875.

Mary C. Fritcher, *neè* Chapman, Los Angeles; Quincy College of Medicine, Illinois, March 10, 1886.

Alfred F. Fuchs, Los Angeles; Rush Medical College, Illinois, February 21, 1882.

Harry O. Howitt, San Francisco; Cooper Medical College, California, November 17, 1887.

Elmer E. Kelly, San Francisco; Cooper Medical College, California, November 17, 1887.

J. C. Kendrick, Downey; Medical Department University of Louisville, Ky., March 1, 1877.

Lucia M. Lane, San Diego; Woman's Medical College, Pennsylvania, March 15, 1888.

Agnes Lowry, San Francisco; Faculty of Medicine, Paris, April 12, 1884.

Isabel Lowry, San Francisco; Faculty of Medicine, Paris, April 12, 1884.

Wm. S. Manlove, Perkins; University of Pennsylvania, Pennsylvania, April 3, 1847.

Harley P. Mathewson, Los Angeles; Dartmouth Medical College, New Hampshire, October 31, 1862.

Aug. L. Morrill, San Francisco; Medical Department University of California, California, November 15, 1887.

C. B. Nichols, Sacramento; Dartmouth Medical College, New Hampshire, November 1, 1871.

John Schmitz, Los Angeles; Rush Medical College, Illinois, February 21, 1882.

Jas. H. Scott, Los Angeles; Medical Department University of Michigan, Michigan, June 23, 1885.

Geo. F. Shiels, San Francisco; University of Edinburgh, Scotland, April 15, 1884; Royal College of Physicians, Edinburgh, Scotland, July 26, 1884; Royal College of Surgeons, Edinburgh, Scotland, March 6, 1888.

Virginia W. Smiley, San Diego; Woman's Medical College, Pennsylvania, March 17, 1887.

Elton R. Smilie, San Francisco; Philadelphia College of Medicine and Surgery, Pennsylvania, March 6, 1849.

Joseph T. Smith, La Verne; Medical Department Western Reserve University, Ohio, February 15, 1855.

Joseph B. Wait, Red Bluff; College of Physicians and Surgeons, Keokuk, Iowa, February 14, 1878.

Annes T. Wass, East Los Angeles; Woman's Hospital Medical College, Illinois, February 28, 1882.

Geo. R. E. Willis, Winchester; Vanderbilt University, Tennessee, March 1, 1879.

W. Lester Wilson, San José; Medical College of Indiana, Indiana, March 2, 1887.

Geo. Wright, North Ontario; Toronto School of Medicine, Toronto, Can., June 6, 1867.

At the regular meeting of the Board of Examiners held December 5, 1888, the following physicians were granted certificates to practice medicine and surgery in this State:

Monroe E. Alexander, San Francisco; Medical Department University of California, California, November 16, 1888.

Hiram Antrim, Fresno; College of Physicians and Surgeons, Keokuk, Iowa, March 1, 1887.

Franklin M. Bailey, Eureka; College of Physicians and Surgeons, Chicago, Ill., February 28, 1888.

John B. Barbat, San Francisco; Medical Department University of California, California, November 16, 1888.

Mary L. Briggs, Auburn; Medical Department University of Michigan, Michigan, June 26, 1879.

F. E. Bunting, Lone Pine; Detroit Medical College, Michigan, March 20, 1888.

Geo. J. Charlesworth, Riverside; Trinity Medical School of Toronto, Ontario, Can., April 25, 1880; Royal College of Physicians, Edinburgh, Scotland, February 6, 1884; University of Trinity College, Toronto, Ontario, Can., April 9, 1885.

Nelson H. Claflin, Riverside; College of Physicians and Surgeons of New York, N. Y., March 1, 1869; Medical Department University of Michigan, Mich., June 30, 1869.

Chas. E. Counsellor, San Francisco; The Apothecaries Society of London, England, April 15, 1880.

Rosamond L. Cox, San Francisco; Medical Department University of California, California, November 16, 1888.

David Crise, Escondido; Jefferson Medical College, Pennsylvania, March 9, 1872.

John Edw. Cureton, Newville; Kentucky School of Medicine, Kentucky, June 30, 1888.

Tenison Delane, San Francisco; Cooper Medical College, California, Nov. 13, 1888.

Henry S. Delamere, Eureka; Medical Department University Vermont, Burlington, Vt., June 25, 1883.

Edwin De La Rue, Reedly; Medical Department University of Tennessee, Tennessee, February 26, 1886.

Agnes M. Eigholz, San Francisco; Columbus Medical College, Ohio, March 5, 1886.

Melvin B. Estes, San Francisco; Medical Department University of California, California, November 16, 1888.

Henry Furtney, Fresno; College of Physicians and Surgeons, Keokuk, Iowa, February 28, 1888.

Courtlandt H. Gaylord, San Francisco; Medical Department Western Reserve University, Cleveland, Ohio, February 25, 1885.

Orlando G. Gleaves, Redding; Northwestern Medical College, St. Joseph, Mo., February 17, 1882.

William H. Greeley, Pomona; The College of Physicians and Surgeons of Boston, Mass., May 29, 1884.

Harvey W. Harkness, San Francisco; Berkshire Medical College, Pittsfield, Mass., November 10, 1847.

William C. Harrison, Los Angeles; Medical Department University of Louisiana, Louisiana, March 29, 1882.

Learer Hirchkowitz, San Bernardino; Stats Examen Papers, Berlin, Germany, December 29, 1885.

J. H. Johnson, Los Angeles; College Physicians and Surgeons, Keokuk, Iowa, June 18, 1878; University of the City of New York, N. Y., March 8, 1887.

John Macleod, San Francisco; Medical Department University of Bishops College, Montreal, Can., April 5, 1877.

Elizabeth C. Mallison, San Diego; Woman's Medical College, Pennsylvania, March 17, 1887

Robt. W. McCollum, Maynard; Starling Medical College, Ohio, March 4, 1885.

Wm. C. McGillis; Medical Department University Bishops College, Montreal, Can., April 12, 1881; College Physicians and Surgeons, Quebec, Can., May 11, 1881.

Wm. T. Merchant, Norwalk; Graefenberg Medical Institute, Alabama, March 10, 1860.

Michael G. Murphy, Oakland; Faculty of Physicians and Surgeons, Glasgow, Scotland, December 9, 1868; The Apothecaries Society of London, Eng., August 26, 1869.

Florence H. Ottmer, Petrolia; Cooper Medical College, California, November 17, 1887,

Mary Gertrude Page, San Luis Obispo; Cooper Medical College, California, November 13, 1888.

Jonathan M. Peel, San Francisco; Cooper Medical College, California, November 13, 1888.

Henry B. Pinney, Los Angeles; Miami Medical College, Ohio, March 2, 1874.

Newton J. Rice, Escondido; Rush Medical College, Illinois, February 15, 1887.

Henry Holmes Scott, Riverside; Medical Department Victoria University, Montreal, Can., September 6, 1860.

Geo. G. Shannon, Tulare; Medical Department University of Michigan, Michigan, March 24, 1875.

Geo. B. Somers, San Francisco; Cooper Medical College, California, November 14, 1888.

Frederick H. Stahle, San Francisco; Cooper Medical College, California, November 13, 1888.

Arnold Strothotte, San Francisco; Albany Medical College, New York, June 10, 1856.

John B. Tennent, San Francisco; Cooper Medical College, California, November 13, 1888.

Samuel Tevis, San Francisco; Jefferson Medical College, Pennsylvania, April 4, 1888.

T. J. Turpin, Jr., Corpus Christi, Texas; Jefferson Medical College, Pennsylvania, March —, 1870.

Lizzie R. Wass, Los Angeles; Woman's Hospital Medical College of Chicago, Illinois, February 28, 1882.

Orwell A. Wheeler, Monrovia; Bellevue Hospital Medical College, New York, N. Y., March 1, 1867.

John D. Wilson, Riverside; University of Trinity College at Toronto, Can., May 5, 1885.

John B. Wood, Los Angeles; Rush Medical College, Illinois, February 20, 1883.

Effie D. Worley, San Francisco; Cooper Medical College, California, November 13, 1888.

Minnie G. Worley, San Francisco; Cooper Medical College, California, November 13, 1888.

Hiram G. Wychoff, Calistoga; Rush Medical College, Illinois, February 5, 1868.

Alexander J. Younger, San Francisco; Toland Medical College, California, November 1, 1869; Medical Department University of the Pacific, California, December 7, 1870.

At the above meeting sixty-six applications were acted upon. Of these fifty-two were passed, two were rejected on the ground of insufficient credentials; viz., that of Dr. Frank G. Brainard of San Buenaventura, and of Dr. C. Williamson of Lodi; four were withdrawn, two of which were referred to the other Boards of Examiners; and eight were laid over as incomplete.

CHAS. E. BLAKE, M. D., *Secretary*.

TAKE away thy opinion and there is no complaint.

BOOK REVIEWS.

A TEXT-BOOK OF HUMAN PHYSIOLOGY. By AUSTIN FLINT, M. D., LL. D., Professor of Physiology and Physiological Anatomy in the Bellevue Hospital Medical College, New York; Visiting Physician to Bellevue Hospital; Fellow of the New York State Medical Association; Correspondent of the Academy of Natural Sciences of Philadelphia; Member of the American Philosophical Society, etc. With three hundred and sixteen figures in the text, and two plates. Fourth edition; entirely rewritten. New York: D. Appleton and Company. 1888.

Professor Flint, by his enthusiastic devotion to the work of teaching Physiology, has learned to make this very important fundamental study extremely interesting. The teachers of chemistry, anatomy and physiology are the men who are responsible for medical students acquiring enthusiasm or indifference.

The medical college is fortunate that secures men in these chairs who appreciate the importance of their work.

The volume before us is practically a new work, with new ideas and new illustrations. We believe it superior to any other text-book on Physiology yet published.

The following extracts from it will give our readers some idea of the clear and impressive style of the author:

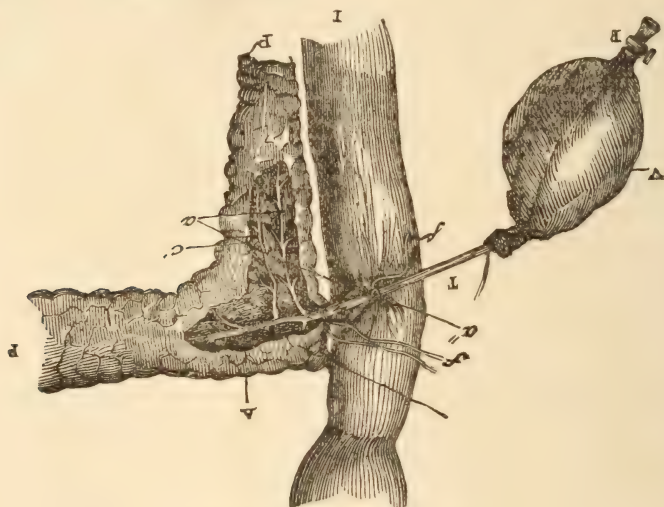
THE PANCREATIC JUICE.

"There are nearly always, in the human subject, two pancreatic ducts opening into the duodenum; one of which opens in common with the ductus communis choledochus, and one which opens about an inch (25.4 mm.) above the main duct. The main duct is about an eighth of an inch (3.2 mm.) in diameter and extends along the body of the gland, becoming larger as it approaches the opening. The second duct is smaller and becomes diminished in caliber as it passes to the duodenum. In general appearance and in minute structure the pancreas resembles the parotid and submaxillary glands.

"The normal pancreatic juice may be obtained by establishing a temporary fistula in the main pancreatic duct of a living animal (Bernard). This may be done in the dog, the pancreas being exposed by an incision in the right hypochondrium, and a canula of proper size being introduced through a slit made in the duct, and secured by a ligature. The external wound is then closed and the end of the tube is allowed to project from the abdomen. The fluid as it is discharged from the tube may be collected in a test-tube, or a thin gum-elastic bag, may be attached.

"Like other digestive fluids, the pancreatic juice is secreted in abundance only during digestion. It is therefore necessary to feed the animal moderately about an hour before the oper-

ation, so that the pancreas may be in full activity. When the gland is exposed at that time, it is filled with blood and has a rosy tint, contrasting strongly with its pale appearance during the intervals of digestion.



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Canula fixed in the pancreatic duct (Bernard).

A, principal pancreatic duct of the dog; B, smaller pancreatic duct; C, ligature securing a canula in the principal duct; D, D, ligature attaching the canula to the intestine, for security; E, canula; F, bladder, provided with a stop-cock G, to collect the pancreatic juice; P, P, pancreas; I, I, intestine.

"The secretion of normal pancreatic juice is entirely suspended during the intervals of digestion. This fact can be observed by opening animals in digestion and while fasting. During digestion the pancreatic duct is always found full of normal secretion; and during the intervals it generally is empty. The secretion begins to flow into the duodenum during the first periods of gastric digestion, before alimentary matters have begun to pass in quantity into the intestine (Bernard). The secretion is readily modified by irritation and inflammation following the operation of making the fistula. The normal pancreatic juice is strongly alkaline, viscid and coagulable by heat. It is almost always the case that a few hours after the canula is fixed in the duct the juice loses some of these characters and flows in abnormal quantity. With respect to susceptibility to irritation, the pancreas is peculiar; and its secretion is sometimes abnormal from the first moments of the experiment, especially if the operative procedure have been prolonged and difficult. That the properties above described are characteristic of the normal pancreatic secretion, there can be no doubt; as in all instances, fluid taken from the pancreatic duct of an animal suddenly killed

while in full digestion is strongly alkaline, viscid and coagulable by heat. This excessive sensitiveness of the pancreas rendered fruitless all the attempts to establish a permanent pancreatic fistula from which the normal juice could be collected (Bernard). The fluid collected from a permanent fistula does not represent the normal secretion."



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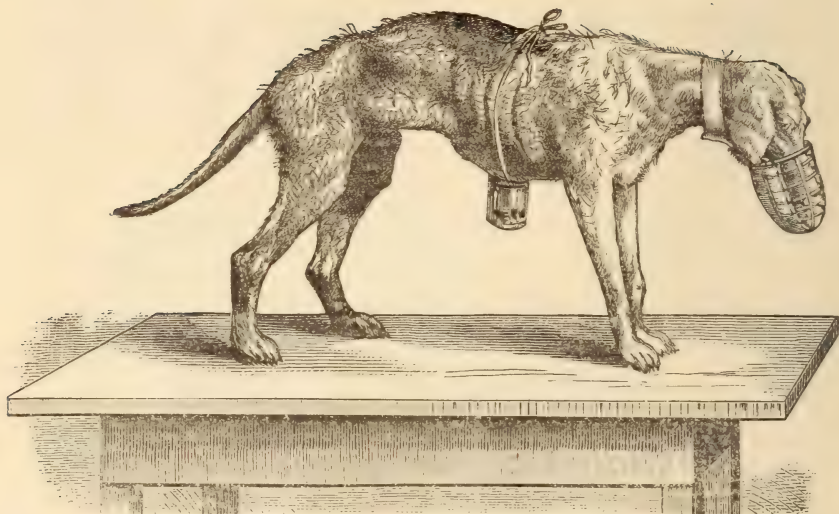
Pancreatic fistula (Bernard).

Full-grown shepherd-dog (female), in which a pancreatic fistula has been established. A, silver tube to which a bladder has been attached; B, bladder; C, stop-cock for the purpose of collecting the juice which accumulates in the bladder.

The author then enters upon a thorough exposition of the properties and composition of the pancreatic secretion.

ACTION OF THE BILE IN DIGESTION.

"The question whether the bile be a purely excrementitious fluid or one concerned in digestion was formerly the subject of much discussion; but it is now admitted by all physiologists that the action of the bile in digestion and absorption, whatever the office of the bile may be as an excretion, is essential to life. The experiments of Swann, Nasse, Bidder and Schmidt, Bernard and others, who have discharged all the bile by a fistula into the gall-bladder, communication between the bile-duct and the duodenum having been cut off, show that dogs operated on in this way have a voracious appetite but die of inanition after having lost four-tenths of the body-



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Dog with a biliary fistula.

From a rough sketch made the fourteenth day after the operation. A small glass vessel is tied around the body to collect the bile, and a wire muzzle, the lower part of which is covered with oil-silk, is placed over the mouth to prevent the animal from licking the bile. The dog is considerably emaciated.

weight. The following is an example of experiments of this kind (Flint, 1861): A fistula was made into the gall-bladder of a dog, after excising nearly the whole of the common bile-duct. The animal suffered no immediate effects from the operation, but died at the end of thirty-eight days, having lost $37\frac{1}{2}$ per cent in weight. He had a voracious appetite, was fed as much as he would eat, was protected from cold and was carefully prevented from licking the bile. During the progress of the experiment various observations were made on the flow of bile. During the last five or six days the animal was ravenous, but was not allowed to eat all that he would at one time. At that time he was fed twice a day, but he would not eat fat, even when very hungry. During the last day, when too weak to stand, he attempted to eat while lying down."

Professor Flint's conclusions are that "the action of the bile seems to be auxiliary to that of the other digestive fluids."

The chapter on generation is particularly full and interesting. The author says, in speaking of

SUPERFECUNDATION :

"It is not infrequent to observe twins, when two males have had access to the female, which are entirely distinct from each other in their physical character; a fact which is really explained by the assumption that two ova have been separately

fecundated. This view is entirely sustained by observation and experiment. Many cases illustrating this point are on record.

"The following communication, with a photograph, was received in January, 1869, from Dr. John H. Janeway, Assistant Surgeon U. S. A., and it illustrates superfecundation in the human subject; or at least that was the view taken by the negro father:

"'Frances Hunt, a freedwoman, aged thirty-five years, gave birth to twins, February 4, 1867, in New Kent county, Virginia. One of these twins was black, the other was white. Frances is a mulatto. The black child is much darker than



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Mulatto mother with twins, one white and the other black (from a photograph).

she is. Previous to the parturition she had given birth to seven children, all single births. She was living at the time of her impregnation in the family of a white man as house-servant, sleeping with a black man at night. She insists, however, that she never had carnal intercourse with a white man. She probably does this because the black man turned

her out of his house when he saw that one of the children was white. The only negro feature in the white child was its nose; there its resemblance to its mother was perfect. Its hair was long, light and silky. Complexion brilliant.'

"Reference has already been made to the curious fact that when a cow produces twins, one male and the other female, the female, which is called a free-martin, is sterile and presents an imperfect development of the internal organs of generation. This has led to the idea that possibly the same law may apply to the human subject, in cases of twins, one male and the other female; but many observations are recorded in gynecological works, showing the incorrectness of this view."

This is a work that will impart enthusiasm and lucidity to the teacher of physiology, that will prove interesting to the medical student and refresh the mind of the practitioner.

✓ **ABDOMINAL SURGERY.** By HAL C. WYMAN, M. S., M. D., Professor of Surgery and Operative Surgery, Michigan College of Medicine and Surgery, etc. Physician's Leisure Library. George S. Davis, Detroit, Mich. 1888. Price, 25 cents.

This is an attempt to teach abdominal surgery by descriptions of operations, often of extreme brutality, on the lower animals. These descriptions are as a rule extremely vague and inaccurate. Thus, under "gastrectomy" we are not taught how to isolate the part to be excised, nor is any reference made to the advisability of inserting a double row of sutures; nor to the importance of preserving intact as far as possible the folds of peritoneum passing downward from the stomach, on account of their importance in conveying blood to the transverse colon.

As a guide to operations, both on man and the lower animals, we consider Greig Smith's work on Abdominal Surgery in every way preferable.

THE MODERN TREATMENT OF PLEURISY AND PNEUMONIA.
By G. M. GARLAND, M. D. Physician's Leisure Library, No. 7. 1887.

THE MODERN TREATMENT OF DISEASES OF THE LIVER.
By DUJARDIN-BEAUMETZ, M. D. Physician's Leisure Library. 1888.

These are both capital little books, and aside from their practical importance in giving the latest information on the subjects treated, afford very entertaining reading-matter.

THE LIFE INSURANCE EXAMINER. By CHARLES F. STILLMAN, M. S., M. D. A Practical Treatise upon Medical Examinations for Life Insurance. Splendidly Illustrated. Price, \$3.00. The Spectator Company, New York. 1888.

This work should be in the hands of every examiner for life insurance. It fills a place in medical literature heretofore vacant.

THE first large pecuniary bequest in behalf of medical education in this country, was made by John Hopkins, the second by Dr. Levi C. Lane, the third by Wm. H. Vanderbilt.

A doctor should never send a crippled eye, a lame ear, or a warped spine to a specialist until he has tinkered with it himself for at least a year. The thing will then be chronic, the specialist will be able to do no good, and the doctor can safely say that specialism is all very well, but give him general practice every time.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S.
SIGNAL SERVICE, LOS ANGELES STATION.

Los Angeles, California.

Month of October, 1888.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN.		
..... 1	64.5	75.0	59.6	*T	Mean Barometer 29.920
..... 2	62.5	76.5	56.0	*T	Highest Barometer, 30.06, date 23.
..... 3	63.5	74.5	58.0	.00	29.
..... 4	62.0	71.0	55.0	.00	Lowest Barometer, 29.78, date 17.
..... 5	60.5	66.0	60.0	.01	Monthly Range of Barometer, .28.
..... 6	61.5	71.0	57.6	.03	Mean Temperature 61.9
..... 7	63.0	74.0	58.0	.00	Highest Temp'ture, 98.0, date 10th
..... 8	62.5	77.3	53.0	.00	Lowest Temperature, 44.0, date 24.
..... 9	62.0	87.0	49.0	*T	Monthly Range of Temp. 54.0
.....10	72.5	98.0	58.8	.00	Greatest Daily Range of Temp. 39.2.
.....11	71.5	97.0	59.0	.00	Least Daily Range of Temp. 6.0
.....12	65.0	89.3	57.9	.00	Mean Daily Range of Temp. 22.4,
.....13	60.0	78.0	50.5	*.01	Mean Temperature this Month
.....14	60.5	78.3	53.0	*.02	1878..63.1 1882..63.0 1886..59.3
.....15	61.5	81.0	53.0	*T	1879..64.3 1883..61.0 1887..65.8
.....16	58.5	79.0	48.8	*T	1880..62.0 1884..62.3 1888..61.9
.....17	59.5	67.5	54.0	.02	1881..61.0 1885..64.8
.....18	61.0	70.3	59.0	.30	Mean Daily Dew Point, 56.0.
.....19	63.5	77.0	57.8	*T	Mean Daily Relative Humidity,
.....20	61.0	74.0	53.2	*T	82.3.
.....21	63.0	75.0	56.0	*T	Prevailing Direction of Wind, W.
.....22	61.0	82.8	50.0	*T	Total Movement of Wind, 3407
.....23	62.5	83.0	51.0	*T	miles.
.....24	54.5	71.0	44.0	*T	Highest Velocity of Wind and
.....25	58.5	71.3	52.8	*T	Direction, 13 miles, S W.
.....26	59.5	73.0	53.0	*T	Total Precipitation, .40.
.....27	60.0	76.0	52.0	*T	Number Days .01 inches or more
.....28	61.5	84.0	55.0	*T	Rain Fell, 3
.....29	58.5	73.6	53.0	*.01	Total Precipitation (in inches
.....30	62.0	71.2	59.8	.00	and hundredths) this month
.....31	62.5	70.0	61.0	.00	1878.. .14 1882.. .05 1886.. .02

*Precipitation from Fog or Dew.
The T indicates trace of precipitation.

1879.. .93 1883..1.42 1887.. .17
1880.. .14 1884.. .39 1888.. .40
1881.. .82 1885.. .30
Number of Foggy Days, none.
" " Clear " 16
" " Fair " 10
" " Cloudy " 3
Dates of Auroras, none.
Dates of Solar Halos, 15.
Dates of Lunar Halos, 13.
Dates of Frost—Light, none.
Killing, none.
Dates of Thunderstorms, none.

Month of November, 1888.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitation in inches & Hundredths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	60.5	72.0	56.3	.00	Mean Barometer, 29.984
..... 2	61.0	83.8	52.0	*F	Highest Barometer 30.14 date 19.
..... 3	66.0	77.0	59.2	.03	Lowest Barometer, 29.71, date 23.
..... 4	59.5	71.5	57.0	.05	Monthly Range of Barometer, .43
..... 5	58.0	72.8	51.8	*T	Mean Temperature, 57.2.
..... 6	56.0	76.8	46.0	*T	Highest Temp'ture, 83.8, date 2.
..... 7	58.5	77.0	49.8	.00	Lowest Temperature, 40.0, date 8.
..... 8	57.5	79.0	40.0	.00	Monthly Range of Temperature, 43.8
..... 9	61.5	74.8	46.0	.00	Greatest Daily Range of Temperature, 39.0.
..... 10	57.0	74.8	44.0	.00	Least Daily Range of Temperature, 06.3.
..... 11	56.5	72.0	43.5	.00	Mean Daily Range of Temp. 19.7.
..... 12	56.0	62.0	48.0	*T	Mean Temperature this Month
..... 13	56.5	69.0	50.0	*T	1878..54.4 1882..56.4 1886..55.7
..... 14	53.0	67.8	45.0	*T	1879..51.9 1883..56.3 1887..53.7
..... 15	55.5	65.5	49.0	.01	1880..55.6 1884..52.3 1888..57.2
..... 16	55.0	59.5	50.5	2.01	1881..54.7 1885..57.9
..... 17	60.0	63.3	57.0	.68	Mean Daily Dew Point, 47.6.
..... 18	60.5	70.8	57.5	.87	Mean Daily Relative Humidity, 74.1.
..... 19	57.5	70.5	52.0	T	Prevailing Direction of Wind, NE
..... 20	59.0	71.0	52.6	*.01	Total Movement of Wind, 2128 miles.
..... 21	57.0	68.9	51.8	*T	Highest Velocity of Wind and Direction, 18 miles, NE.
..... 22	55.5	64.0	51.0	*T	Total Precipitation, 4.02.
..... 23	54.0	61.5	50.0	.21	Number Days .01 inches or more Rain fell, 8.
..... 24	56.0	65.0	50.0	.07	Total Precipitation (in inches and hundredths) this Month
..... 25	58.0	68.0	53.3	*T	1878..4.70 1882.. .08 1886.. .26
..... 26	58.5	62.3	54.0	.03	1879..6.53 1883..2.56 1887..2.68
..... 27	53.5	66.8	47.0	T	1880..8.40 1884..4.65 1888..4.02
..... 28	54.0	67.0	48.0	*T	1881.. .52 1885..1.65
..... 29	52.5	66.0	45.5	*T	Number of Foggy Days, none.
..... 30	52.0	65.0	44.5	*T	" " Clear " 15
..... 31	" " Fair " 8
						" " Cloudy " 7
						Dates of Auroras, none.
						Dates of Solar Halos, 15.
						Dates of Lunar Halos, 22.
						Dates of Frost, Light, 6.8 29.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

The T indicates trace of precipitation.

NOTES: Barometer reduced to sea level.

"PUERPERAL fever has existed for two hundred years; it is time it should disappear" (Simmelweiss, 1847).

If we look for another cause for the rise of temperature, milk-fever will be exceedingly rare (Kucher).

Sparteine and nitro-glycerine relieve the craving for morphia, in morphinomania.

What is the value of inland quarantine? Same as that of sea quarantine—none.

Antifebrin is eliminated from the system as a paramidophenol sulphate.

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